STATE OF ILLINOIS
DWIGHT H. GREEN, Governor

MANUAL AND OUTLINE OF PROCEDURE FOR HEALTH OFFICERS

FOR THE

CONTROL OF COMMUNICABLE DISEASES

Revised and in Force Throughout Illinois
October 1, 1941

Issued by
THE DEPARTMENT OF PUBLIC HEALTH
ROLAND R. CROSS, M. D., Director

Preserve carefully—edition limited

Compiled by the Division of Communicable Diseases

[Printed by Authority of the State of Illinois]

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STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH

Springfield

ROLAND R. CROSS, M. D., Director

B. K. RICHARDSON, A. B., Senior Administrative Officer

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Division of Communicable Diseases
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CHAPTER I

ORGANIZATION AND FUNCTIONS OF THE DEPARTMENT

DIVISION OF GENERAL ADMINISTRATION

All professional, budgetary, editorial, educational and general policies and services of the Department are officially determined and administered in the Director's offices in the Capitol Building at Springfield. Incoming mail for the Department is delivered to these offices and should be addressed to the Director, through whom it may be referred to appropriate staff members. Authority for the various phases of the administration of the Department is delegated by the Director only to the Assistant Director and the Senior Administrative Officer. The clerical and professional staffs of all divisions and districts are supervised, and their work correlated and coordinated, by these officers, through the several Division Chiefs.

In addition, the Division of General Administration makes out the payrolls; has custody over all contracts, accounts, important records and inventories; preserves a complete file of Department correspondence; analyzes statistical findings through its statistical research office; maintains cooperative relationships with other agencies in public health and related fields at local, state and federal levels; and regulates the official conduct and efficient operation of each divisional, district and branch office.

DIVISION OF COMMUNICABLE DISEASES

The Division of Communicable Diseases is administered by a Chief Epidemiologist, an Assistant Epidemiologist, and a Pneumonia Control Officer, who are licensed physicians, with special training in public health work.

This Division has supervision over the reporting and investigation of all communicable diseases in the State, with the exception that investigations are not made in full-time health districts, nor in cities with full-time health officers, unless special request is made for an epidemiological investigation.

When a report of communicable disease is received in this office, a copy of the report is sent to the Department's District Office serving the area affected. District Health Superintendents, who are in charge of the respective districts, make investigations of the communicable diseases to ascertain the source of infection, and to advise with the physician, or local board of health, regarding methods of control.

Each District Health Superintendent cooperates with the local health authorities, school authorities, other local authorities, medical societies, civic organizations and clubs for the betterment of health and sanitary conditions of the community. He also acts as consultant for the purpose of confirming diagnosis of communicable diseases.

In addition he interprets to the local health and other authorities their powers and duties relative to public health, and advises such authorities regarding approved public health procedure.

He further encourages and promotes the establishment of efficient health organizations in all health jurisdictions within his district; advises school authorities and medical groups relative to immunization campaigns against smallpox, diphtheria and typhoid fever; and stimulates the practice of public health principles, by educational means such as giving talks to Parent-Teacher Associations, to school children and to other civic groups.

This Division distributes, free of cost, the following biological and chemical products, through about 419 agents located throughout the State: diphtheria anti-toxin (for both curative and prophylactic treatment); diphtheria toxoid, with or without alum, for immunization against diphtheria; typhoid vaccine for vaccination against typhoid fever; 1% silver nitrate in wax ampules for treatment of the eyes of the newborn.

Smallpox vaccine for vaccination against smallpox is distributed from Springfield only.

Rabies vaccine may be obtained, free of local cost, for persons in the State of Illinois who are considered in need of same, if they apply through their attending physician to the Laboratory of the Illinois Department of Public Health, 1800 West Fillmore Street, Chicago; or to Chicago Board of Health, 54 West Hubbard Street, if they are residents of Chicago; or downstate to the Division of Communicable Diseases, Illinois Department of Public Health, Springfield; or to one of the State branch laboratories (Southern Illinois State Normal University, Carbondale, or Cottage Hospital, Galesburg); or to Department of Pathology, University of Illinois, Urbana.

Convalescent blood serum for treatment of poliomyelitis (infantile paralysis) diagnosed in the pre-paralytic stage also is available without charge. It has been found that convalescent serum for poliomyelitis has no therapeutic effect after paralysis has developed.

The function of the Section of Pneumonia Control is to offer aid for diagnosis and treatment of pneumonia. Free diagnostic services are rendered by all State laboratories. Antipneumococcic serum, sulfapyridine and sulfathiazole may be obtained from strategically located centers throughout the State, free of local cost. The only prerequisite is that a specimen of sputum, blood, or other body fluid be submitted for examination. A number of 16 mm. sound or silent motion picture films are loaned to responsible groups in the State on request. Educational pamphlets are distributed without charge.

DIVISION OF LOCAL HEALTH ADMINISTRATION

The State of Illinois has been divided into 21 districts, each with a district office and a specially trained full-time staff of public health physicians, sanitary engineers, public health nurses and other personnel. The district units, under the supervision of the District Health Superintendents, are responsible for most of the local health services of the State Department of Public

Health. Each district office represents and carries on the activities locally of the various divisions plus a generalized public health program of its own.

The various divisions are responsible for technical supervision and procedures. The Division of Local Health Administration is responsible to the Director for the administration and supervision in non-technical matters, and acts as the coordinator between the divisions and the districts.

The objective is to bring to the people of the entire State the services of highly trained staff members of the Department of Public Health of the State of Illinois, who live and work in the areas they serve.

DIVISION OF LABORATORIES

The official diagnostic laboratories of the Illinois Department of Public Health are five in number, located as follows:

Main Laboratory, State Capitol, Springfield.
Chicago Branch Laboratory, 1800 West Fillmore Street.
Carbondale Branch Laboratory, Southern Illinois State Normal University.
Champaign Branch Laboratory, 307 S. Wright St., Champaign.
Galesburg Branch Laboratory, Galesburg Cottage Hospital.

All the usual public health examinations are made at these laboratories. Detailed information regarding these services is supplied below.

Some locally supported laboratories in the State are approved by this Department for the performance of certain examinations, and a list of such laboratories is available upon request. Approval of these laboratories is based upon check-testing inspection by members of the staff of this Department. The lists are being revised from time to time.

LABORATORY HOURS

The laboratories of the Department are open daily from 8:30 A. M. until 5:00 P. M. and on Saturday until noon. Tests, which should be made at once, such as those for diphtheria, are made on Sundays and holidays usually between the hours of 9:00 A. M. and 12:00 noon. For emergency examinations outside of hours, it is suggested that the person in charge of the laboratory concerned be called. Correspondence should be directed to the addresses given above.

REGULATIONS CONCERNING SUBMISSION OF SPECIMENS

Material for the laboratory diagnosis of communicable diseases must be submitted by a physician or health officer, except that specimens of exudates from suspected cases of Vincent's angina may be submitted by licensed dentists, and heads of animals suspected of having rabies may be submitted by veterinarians or other interested persons. This ruling is made because laboratory results must be interpreted and correlated with the clinical findings relating to the case.

The services of the laboratory are provided without expense to the physician or patient. Therefore, remittances should not

be sent with specimens, nor should a charge be made by anyone for the laboratory work. The laboratories do not examine tissue, suspected poisons, drugs, or commercial products of any kind. No clinical laboratory work such as urinalyses, etc., nor preparation of autogenous or other special vaccines is done.

REPORTS

Reports on the examination of most specimens are ordinarily made on the day of arrival. This is true of direct slide examinations and some serological tests. Complement fixation and tube agglutination tests require a minimum of two days. When cultivation is involved, as in the case of throat swabs and fecal specimens, several days may be required. If animal inoculation is necessary, several weeks may be needed before final reporting.

Reports on some specimens are forwarded to the local health officers as an aid to imposing and raising quarantine. Laboratory reports sent to local health officers or to the Division of Communicable Diseases of this Department will not be considered a substitute for the case reports required of the attending physician or other agencies mentioned in this Manual.

SPECIMEN CONTAINERS

In order to protect persons handling laboratory containers while specimens are in transit, it is a uniform requirement that they be submitted in suitable containers. This Department supplies without charge a variety of such containers with mailing cartons to licensed physicians of Illinois who request them. *With the exception of whooping cough outfits* the outfits listed below may be obtained from the Main Laboratory, Springfield, or any of the branch laboratories. These will be made up at the Springfield and Chicago laboratories when requested, and a day or two should be allowed for preparing them. Since some outfits serve for more than one type of examination, care should always be taken that the card designates the kind of examination desired.

1. Sterile throat swab in a test tube with mailing carton—for diphtheria and other throat infections.
2. Lots of 20 to 100 throat swabs, each sterilized in its own envelope with mailing carton—for throat surveys in institutions and other large groups.
3. Microslides in envelope with mailing carton—for films of exudate in Vincent's angina, gonorrhea and early syphilis, and blood films in malaria.
4. Similar to preceding—for films of exudate in ulcero-membraneous gingivitis (trench mouth).
5. Sterile blood tube (with needle when desired) in mailing carton—to contain blood or spinal fluid for Kahn or other tests.
6. Like preceding—to contain blood for Widal tests and other agglutination tests.
7. Sputum vials containing preservative (*liquor cresolis compositus*) with mailing carton for tuberculous sputa. When guinea pig inoculation is desired, ask for special container without preservative.
8. Pneumonia sputum vial, containing no preservative, in a mailing carton.
9. Screw-cap vial containing 33% glycerol in mailing carton—for feces or feces and urine.
10. Whooping cough outfit—two metal boxes containing Bordet-Gengou medium for cough plates.
11. Darkfield outfit—three capillary glass tubes with bulb, a small box of sealing mixture, and two glass slides together with directions for their use in collecting material from the chancre.

SUBMISSION OF SPECIMENS

It is suggested that the following types of specimens be submitted from each of the diseases named below. These are in all cases the minimum requirements for satisfactory laboratory tests:

Actinomycosis

Pus submitted in a sterile container without preservative will serve best for microscopic and cultural examination for *Actinomyces bovis.*

Amebic Dysentery and Amebiasis

Generous fecal samples without admixtures of urine or preservative are needed for this examination. No oil should be taken by the patient for 48 hours previous to obtaining the specimen and bismuth should be suspended for a week, if possible. Delay due to shipping and exposure to less-than-body temperatures militate seriously against positive findings. If feces cannot be examined fresh and kept warm, probably refrigeration (not freezing) is next best.

The finding of trophozoites and cysts of Entameba histolytica indicates an active infection. If cysts only are found, a carrier state is indicated, providing delay or low temperature has not destroyed the delicate trophozoites.

Entameba coli is considered to be of little or no pathogenic significance. It will be reported, however, if requested or when present in considerable numbers.

Anthrax

Cutaneous anthrax is diagnosed by examination of pustular exudate. The exudate may be collected on a sterile swab.

For diagnosis of the pneumonic form (wool sorter's disease) a generous sample of patient's blood (15-20cc) is desirable. Presumptive diagnosis can be made on the basis of microscopic and cultural examination. For confirmation, guinea pigs are inoculated.

Particular care should be taken to avoid spilling or smearing of either specimen.

Botulism

Canned or other foods suspected in connection with cases of botulism will be examined for contamination by *Clostridium botulinum.* Specimens of the food used should be submitted and also any remaining unopened cans or jars.

Chancroid

Presumptive diagnosis can be made from a film of the exudate on a glass slide. To rule out concurrent syphilis, material for darkfield examinations and a blood sample (5cc) should be submitted and, if these are reported negatively, a second blood specimen after 6 to 8 weeks.

Cholera, Asiatic

A fecal specimen is required. It should be submitted without preservative since cultivation will be necessary.

Diphtheria

Specimens obtained by swabbing throat and nose are cultured and examined microscopically for diphtheria bacilli. For

school room and institutional surveys, special mailing outfits may be obtained from any of the five state laboratories. Specimens from such surveys should not be submitted too close to week-ends or holidays. Besides overloading the laboratory at a difficult time, irregular delivery may interfere with prompt handling. It will be of much assistance to the laboratory if notification can be given of the dates on which surveys are to be made.

Tests for carriers are identical with those for diagnosis except that virulence tests are performed in guinea pigs. A positive virulence test shows that the diphtheria bacilli isolated from a carrier's throat are capable of producing a fatal infection.

Dysentery, Bacillary

Fecal samples are examined culturally and serologic tests performed on the isolated cultures in diagnosis of bacillary dysentery. These bacilli are the most delicate of the intestinal pathogens and feces should be examined in as fresh a condition as possible. Irregular cultural reactions and cross agglutination among the several strains of dysentery bacilli are not infrequent and sometimes make determination of the exact strain difficult.

Blood cultures are useless, since bacteriemia has not been shown to occur in this disease.

The agglutination test, using patient's serum is less useful than bacteriological examination of feces, since agglutinins rarely occur in diagnostic proportions before the second week of the disease. It is of value, however, in confirming the bacteriological diagnosis, or it may clear up an earlier ambiguous result. Five to 10 cc of blood will be sufficient.

Encephalitis, Epidemic

Fresh spinal fluid is essential for cell counts and local laboratory facilities should be used. Colloidal gold and globulin tests may be done on specimens (5-10 cc) received in the mail.

Food Poisoning

When suspected foods, food containers, vomitus, or feces are received, examination is made (1) for organisms capable of producing an enterotoxin (in the food itself), (2) for organisms capable of producing an infection in the human patient, and (3) for botulism bacilli.

A variety of organisms has been shown to produce enterotoxin, but certain staphylococci and Gram negative bacilli are most commonly implicated. Organisms causing the infectious type of food poisoning usually fall into the Salmonella (paratyphoid) group.

Ten or 15 cc of blood from the patient 15 or 20 days after recovery may assist in verifying the causative organism by serologic test.

Gonorrhea

Films of the urethral or other exudate spread thinly and evenly upon glass slides should be allowed to dry in the air. In the female the exudate should be obtained from urethra, vagina, and cervix and preferably spread separately on the slides. When gonococci are reported as found, in each case it means that typical Gram negative diplococci have been found within polymorphonuclear leucocytes.

For the complement fixation test 5 to 10 cc of blood in one of our regular mailing outfits will be sufficient. This test (which is made only in the Springfield and Chicago laboratories) has chief value in diagnosing secondary foci of the gonorrheal infection after the active discharge from the primary lesion has ceased and in determining the effectiveness of treatment.

Intestinal Parasites

Examinations of the freshly obtained feces by a local laboratory is to be preferred if the latter is available, since some of the more fragile parasites may not be detectable after shipment through the mail. If there is no local laboratory, send the specimen in a clean dry receptacle without preservative. Oil should not be administered during the 48 hours prior to obtaining the specimen. A saline cathartic may be used.

Malaria

Both thick and thin films of blood on glass slides should be submitted in the special containers provided by this Department. The films should be taken shortly before the expected chill or from six to eight hours afterwards.

Meningitis

From 5 to 10 cc of spinal fluid should be collected from suspected cases in a sterile container such as our regular blood tube. The examination should be made in a local laboratory, if possible, since meningococci readily lose their viability under conditions of transit. Microscopic and cultural examination are routinely performed.

Naso-pharyngeal cultures are of value only in the case of suspected carriers of meningococci and the limitations of the technic should be well understood. A West tube or special bent swab is required for swabbing the dorsal aspect of the uvula and practice in its use is important. Swabbing should be cultured promptly on warm blood agar and carried in a warmed insulated container to the laboratory. Meningococci are especially sensitive to changes in temperature and moisture.

Miscellaneous Communicable Diseases

The State laboratories make examination of occasional specimens not included in this list. All legitimate requests for such service are gladly accommodated. Analytical determinations and examination of water supplies, however, are not among the functions of these laboratories. For investigation of public and private water supplies the Division of Sanitary Engineering (this Department) should be consulted.

Milk

The supervision of milk supplies is not a function of the diagnostic laboratories. However, specimens of milk will be examined when suspected as a vehicle for such diseases as septic sore throat, scarlet fever, and undulant fever. If the milk cannot be personally delivered to the laboratory in original bottles, special containers should be requested from the laboratory for submitting samples.

Ophthalmia Neonatorum and Other Infectious Ophthalmias

Films of exudate from the eyes on glass slides should be mailed in containers provided for gonorrhea slides.

Paratyphoid Fever

(See Typhoid Fever and Food Poisoning)

Plague

Laboratory diagnosis of plague depends upon isolation and demonstration of the causative organism, *Pasteurella pestis* (*Bacillus pestis*). In the bubonic form of the disease, discharge from a bubo or gland juice from a swollen gland will serve. In the pneumonic form a specimen of sputum in a sterile container should be submited. In either type, 5 to 10 cc of blood should also be submitted using our regular blood tube.

Pneumonia

The Neufeld (or Quellung) test has recently all but completely displaced other tests in the diagnosis of pneumococcal pneumonia,which means nearly all the pneumonias. It is applicable to sputum, plural or other exudates, blood cultures, spinal fluids, or any other materials containing pneumococci, providing they have come recently enough from the patient.

The specimen of sputum should be coughed up from the lower air passages with as little admixture of saliva as possible.

No preservative should be used if the specimen is to be examined within three or four hours, since mouse inoculation may be necessary. Containers with preservative should be rinsed out thoroughly with sterile or boiled water before being used for pneumonia sputum.

If longer delay is inevitable the sputum should be divided into two portions adding two drops of commercial formalin to one of them only; and indicating by suitable label which specimen is formalinized.

Blood cultures may be of great value in determining progress and in following the efficacy of serum treatment, if the laboratory is in close enough proximity.

Speed should be the aim at every step in obtaining the diagnosis of pneumonic specimens, first because specific treatment cannot begin until the laboratory report is rendered and, second because pneumococci autolyze rapidly on standing even in the refrigerator.

Formaldehyde is the only safe preservative for halting autolysis.

When chemotherapy is intended, a specimen of sputum should be secured for typing before administration of the drug is begun. Typing may be difficult or impossible after a therapeutic level of the drug has been reached and serum may be required in combined therapy.

Poliomyelitis

Fresh spinal fluid is essential for cell counts and local laboratory facilities should be used. Colloidal gold and globulin tests may be done on specimens (5-10cc) received in the mail.

Rabies

If it is at all possible, an animal suspected of rabies should be kept chained and under observation by a veterinarian for

two weeks unless death of the animal occurs in the meanwhile. Premature killing may obscure diognosis even if it is rabid.

It should not be assumed, however, from the preceding statement that preventive treatment may be delayed with safety. Inoculation of the patient with antirabic vaccine should be begun immediately in some cases before the diagnosis of the suspected animal is obtainable. See page 88 in this Manual for more explicit directions.

If the dog or other suspected animal is killed it should not be shot through the head, and all damage to the brain should be avoided in removing the head.

Regulations of this Department and of the American Railway Express Company rigidly stipulate the conditions under which heads may be shipped for examinations. These are more fully described on page 87 of this Manual. From the laboratory standpoint, the most important of these regulations is that the head shall be kept refrigerated (or iced) and protected from flooding by melted ice.

Rocky Mountain Spotted Fever

Five or 10cc of blood are required for the Weil-Felix (agglutination) test. An agglutination titer of 1-160 is considered diagnostic.

Scarlet Fever

Throat swabs will be examined for hemolytic streptococci when request is made. However, there is no accepted laboratory test for diagnosis of scarlet fever and a report of "hemolytic streptococci found" should not be interpreted as a positive diagnosis of scarlet fever. Diphtheria throat swabs and mailing outfits may be used and the cards should be clearly marked for the desired test.

Septic Sore Throat

Swabs from the throats of suspected cases submitted in the regulation diphtheria outfits with cards clearly marked for the desired test will be examined for hemolytic streptococci.

Where a cow is suspected of being the source, specimen containers will be supplied on request for submitting milk.

Syphilis

A patient with a primary lesion should, if possible, be sent to a hospital or clinical laboratory for darkfield examination for *Treponema pallidum*. If this is not possible our special mailing outfit may be used for submitting a specimen of the serous exudate. Films of the exudate on a glass slide will also be examined for *Treponema pallidum* but are less dependable than either of the above procedures.

Five to 10cc of blood should be submitted in our regular blood tube for the Kahn and other tests. The Hinton test will be done in the Springfield and Chicago laboratories also on serums reacting positively to the Kahn test when requested, but cannot be reported until the day after the specimen is received.

Spinal fluid (same amount, similar tube) will be examined by the Kahn test, globulin test, and colloidal gold test.

Subsequent tests are indicated as follows:

1. Three or more tests at intervals for at least eight weeks after the initial lesion appears.
2. A "doubtful" report on one test should be followed by as many subsequent tests as are necessary to clarify the patient's status.
3. Periodic tests during and following treatment to indicate the efficacy of the same. The spinal fluid should be examined at least once before a patient is finally discharged as cured.

Kahn quantitative tests will be made at any of the five laboratories of the Division upon special request by private physicians. Positive quantitative reports are made in terms of the number of Kahn units found in the patient's serum.

The Kahn verification test is performed upon special request at the Chicago Branch Laboratory. This test is often useful when the standard Kahn or other routine test is reported as positive or doubtful in the absence of symptoms or history of syphilitic infection. By means of it, a true syphilitic reaction can usually be distinguished from a general biological type of reaction (or false positive). It has been studied for about a year and a half at the Chicago Branch Laboratory where several thousand such tests have now been made. While it is not entirely past the developmental stages, practically its single shortcoming appears to be in the considerable percentage of inconclusive results which it yields. Our experience indicates that when either the general biological or the true syphilitic type of reaction is obtained in this test, the results may be depended upon. We recommend, however, the submission of not less than two blood specimens from a patient with an interval of not less than two weeks.

At least 10 cc of blood should be submitted and the accompanying specimen card should be plainly marked "verification test". Reports are made in the following terms:

1. Syphilitic reaction.
2. General biological reaction—found by Kahn to be characteristic of many animal sera and of some human sera. (In the latter instance it may frequently be associated with some non-syphilitic pathology.)
3. Negative—no reaction whatever. (In such cases the standard Kahn also is negative and other standard serological tests are practically always so.)
4. Inconclusive reaction—failure to show a sharp reaction curve of either of the first two types above. Repeated tests at sufficiently long intervals may eventually yield either a syphilitic or a general biological curve.
5. Threshold reaction of the syphilitic type—too slight a reaction to be reported as definitely syphilitic. Another specimen should be submitted after an interval of two weeks or more.
6. Threshold reaction of the general biological type—too slight a reaction to be reported as certainly general biological. Another specimen should be submitted after an interval of not less than two weeks.

Trench Mouth (Ulcero-membraneous Gingivitis)

Exudate from gum lesions spread upon glass slides will be examined for Vincent's organisms (*Borrelia Vincenti* and *Fusiformis dentium*) when submitted by licensed physicians and dentists. The regular mailing cartons for glass slides should be used with a special card for this diagnosis.

Trichiniasis

A specimen of pork suspected of being the source of an infection and/or small sections of muscle from the patient will be examined for encysted larvae. For a brief period in the early stages of the infection, the parasites may be found in the bile or in the blood. For the latter examination 10 cc of blood laked by the addition of 25 cc of 2% ascetic acid should be submitted.

Tuberculosis

Sputum coughed up from the lower air passages, preferably in the morning will be examined for the presence of the acid-fast tubercle bacilli. The specimen should be submitted in one of our regular sputum bottles, containing preservative. Guinea pig inoculation will be done when specially requested, but a special container without preservative should be obtained from the laboratory.

For the diagnosis of intestinal tuberculosis, a generous fecal sample is required and a special container should be requested.

Tularemia

The agglutination test is most dependable and requires 5 to 10 cc of blood, mailed in our regular blood tube. Agglutinins are absent during the first week of illness and usually do not reach diagnostic proportions until the third or sometimes fourth week. A titer of 1-160 is considered diagnostic. Repeat the test at intervals of 2 or 3 days if the titer is 1-80 or less. If the titer increases the evidence for infection is strong. Occasionally cross-agglutinins from a Brucella infection may occur in a titer as high as 1-160. In a tularemia infection, however, the titer will eventually reach 1-1280 as a rule and tests on successive samples of patient's blood should reveal the true nature of the infection.

Typhoid and Paratyphoid Fevers

(See also Food Poisoning). Five to 10 cc of patient's blood submitted in our regular blood tube will serve for an agglutination test and for blood culture. Report is made on the latter, however, only when positive results are obtained.

The agglutination test is usually negative until the second or third week of illness. Hence, repeated specimens should be submitted if the early tests are negative. An agglutination titer of 1-160 or higher indicates a probable infection. Sera from vaccinated persons sometimes show titers as high as this or higher. It is wise to repeat the test at intervals of 2 or 3 days. If the titer increases, the evidence for infection is strong.

Specimens of feces (size of a kidney bean) and urine should be submitted in the special container provided for that purpose. During the first week such a specimen is likely to yield negative results, but its value increases as the disease progresses.

Tests for release from quarantine and for detection of carriers require the feces-urine specimen just described. Although only a small specimen is needed for the test it is of the greatest importance that an ample movement of the bowel be induced (by cathartic if necessary) and that the specimen be collected from as high up in the colon as possible. Fecal matter from the terminal portion of the colon contains relatively few viable organisms.

In order to prevent the substitution of feces from a normal person for those of a carrier or quarantined person, the authenticity of the specimen should be carefully checked.

Typhus Fever

Five to 10 cc of blood are required for the Weil-Felix (agglutination) test. Agglutinins begin to appear toward the end of the first week of illness. An agglutination titer of 1-160 is considered diagnostic.

Undulant Fever

The agglutination test for undulant fever will be performed if 5 to 10 cc of blood are submitted. A titer of 1-160 is probably diagnostic but fairly high titers may remain in some individuals long after an active infection is past.

Vincent's Angina

A film of exudate from the throat on glass slides will be examined for the presence of Vincent's organisms (*Borrelia Vincenti and Fusiformis dentium*).

Whooping Cough

Special boxes of medium for use in cough plate method may be obtained upon request from the Springfield or Chicago Laboratories. When returned to the laboratory these will be examined for the presence of *Hemophilus pertussis.*

DIVISION OF MATERNAL AND CHILD HYGIENE

The Division of Maternal and Child Hygiene directs its efforts towards educational objectives in the field of maternal, infant, preschool, and school health as follows:

1. Improvement in statewide maternal and infant care through:
   a. Inspection and licensure of maternity homes and hospitals.
   b. Post graduate education in obstetrics and pediatrics offered to physicians and nurses.
   c. Education of the public to recognize and practice proper procedures in infant and maternal care, and to demand the best professional services available in these fields.
2. Education of parents, teachers, and others in measures conducive to the prevention of disease among preschool and school children; to the correction of physical defects; and to proper nutrition.

This educational program involves the following activities:

1. Examination and inspection of school and preschool children by staff physicians and nurses in order to demonstrate the methods, and to stimulate the continuation of school health examinations by local agencies and individuals. School immunizations and tests are conducted for the same purposes.
2. Surveys and appraisals of schools as to health services, health subjects in the curriculum, sanitation and safety of school buildings, grounds and equipment.
3. Expert nutrition consultation in conjunction with school and preschool health examinations, and maternal and infant services, with a view to improving dietary practices in homes and schools. Promotion of health education through school lunches.
4. Organization of, and assistance to, large and small adult study groups on child, infant and maternity care, and on general health. Speakers provided.
5. Inspection and reinspection of maternity homes and hospitals by especially qualified physicians and nurses.
6. Special post graduate courses in obstetrics and pediatrics at the University of Illinois College of Medicine offered to physicians. Lectures and exhibits on obstetrics and pediatrics offered to State and county medical societies.
7. Demonstrations of a program of maternal and infant care in certain selected areas, in the hope that the programs may become permanent through local effort, and that other communities will undertake similar programs.
8. Education in social hygiene and family relationships, as a necessary corollary to much of the foregoing program. In response to public demand for this service, an especially qualified lecturer-consultant conducts community programs in social hygiene which reach large numbers of expectant and young parents, high school and college students, marriageable and engaged persons. The selection and wise distribution of literature in this field is an important feature of the service.

In the capacity of educators, demonstrators, and consultants, a staff of physicians, nurses, nutritionists, and one social hygiene lecturer carry out the foregoing program. These services are available upon request to the Chief of the Division of Maternal and Child Hygiene.

DIVISION OF PUBLIC HEALTH NURSING

The Division of Public Health Nursing is responsible for the technical supervision, through the administrative office to which nurses may be attached, of all nurses employed by the State Department of Public Health. The Division offers guidance and supervisory service to local public health administrative units, and assists in the promotion of local public health nursing services.

Advisory and financial assistance is offered to a limited number of counties in maintaining a public health nursing service over a demonstration period of from one to two years, after which time the counties assume full responsibility for the program.

Because public health nurses themselves comprise one of the foremost media for health education of the public, a continuous plan of in-service and post-graduate nursing education is carried forward (through reading courses, institutes, regional conferences, and the provision of stipends for school attendance).

DIVISION OF SANITARY ENGINEERING

WATER

Routine inspections are made of public water supplies and, upon special request, of private and semi-private supplies, such supplies including those at filling stations, camps, schools, private institutions, bottled water supplies, etc. Bacteriological, chemical and/or biological examinations to determine sanitary quality or safety for drinking and need for, or effectiveness of, purification are made. All public supplies are analyzed periodically but additional samples will be analyzed upon request. Factory, rural or private supplies and bottled waters are analyzed only when information is furnished as to the sanitary environment and construction of source because single samples may not be representative. Drinking waters are examined for *coli-aerogenes bacteria.* It is impracticable and not a recommended procedure to analyze for typhoid or similar pathogens. Analyses are made of chemical compounds, principally those used in water purification and sewage disposal. Containers with instructions and information forms are furnished by the Department. No other containers are acceptable. Special bottles are usually furnished for chlorinated waters. No charge is made for water analyses except postage or expressage on shipments.

With the assistance of the State Geological Survey, the Division enforces rules and regulations relative to the filling or sealing of abandoned water wells and holes for disposal of drainage in order to protect ground water against contamination; the Division assists the county superintendents of schools in surveys of school water supplies, sewage disposal, etc.

SWIMMING POOLS

It is a function of the Division to examine public swimming pools and bathing places and enforce the rules and regulations governing their construction, operation and use to the end that they will be constructed and maintained in a sanitary manner. Swimming pool samples are analyzed if information indicates that pool design and local operation warrant such service.

SANITARY WATER BOARD

The technical work of this Board is done by the sanitary engineering staff of the Department of Public Health and includes the inspection of any pollution which affects the surface or underground waters of the State, routine inspection of public sewerage systems and, upon special request, of private and semi-private sewerage systems, which include schools, private institutions, etc. Analyses of sewage and industrial waste to determine the effectiveness of treatment of the sewage or industrial waste treatment plants and the degree of pollution in the surface or underground waters of the State are performed by the laboratory.

MOSQUITO CONTROL

Advice is given on mosquito control methods, formation of abatement districts, etc.

MILK SANITARIANS OF THE DIVISION

The milk sanitarians assist local health officers in formulating milk control ordinances to promote the model milk ordinnance, supervise local pasteurized and Grade A milk supplies and train local milk inspectors. They are on call at any time for special assistance to health officers and physicians in connection with milk sanitation problems. Necessary analyses to determine whether milk supplies meet the requirements of the Grade A and/or milk pasteurization law are made in the Division of Laboratories.

TOURIST CAMPS

Inspections are made of all the sanitary facilities and camps are issued certificates based upon sanitary ratings.

BULLETINS

Publications, both lay and technical, on the various phases of sanitation are available to State residents without charge.

DIVISION OF PUBLIC HEALTH INSTRUCTION

CATALOG OF EDUCATIONAL MATERIALS

Literature, sound and silent motion pictures, slide films, and electrical recordings of radio broadcasts are available as listed in the free *catalog* of materials for public health education.

LITERATURE

More than a hundred different informative *circulars* on a wide variety of public health topics, prepared for readers of varying educational backgrounds, are ready in reasonable quantities for free distribution to Illinois residents.

The Illinois Health Messenger, a periodical issued regularly at semimonthly intervals, is mailed to State residents on request. For public health workers there are in addition weekly and biweekly mimeographed *bulletins* showing the reported incidence of epidemic diseases in each county and in the larger municipalities. From the public health reference *library* a limited book-loan service is available for professional purposes.

LIBRARY

A library service for departmental staff members and professional persons who participate in divisional programs is maintained, utilizing the books and periodicals owned by the Department, as well as the resources of the Illinois State Library. Special reference library services are available to local public libraries throughout the State on request. Approved public health reading lists are prepared for interested civic organizations.

SPECIAL REPORTS AND INFORMATION

All written reports made public by the Department are edited and released through the Division of Public Health Instruction. Using the records and facilities of other Divisions, particularly of the Division of General Administration (and its Statistical Office), and of the Division of Vital Statistics, special mimeographed or printed summaries and interpretations of current data are issued from time to time. So far as resources of personnel permit, material of this kind on matters of general interest will be compiled at the request of responsible local agencies. Information on the functions, services, and findings of the Department is available from this Division on request.

MOTION PICTURES

Community groups may borrow 16 mm. films, from a series of about fifty *sound* motion pictures and thirty-five *silent* motion pictures, without cost except transportation one way. *Projectors* for showing the silent films may be borrowed on the same basis.

SLIDE FILMS

Some forty strip films (*still pictures*), and suitable *projectors* for showing them, are also available on loan.

ELECTRICALLY RECORDED PLAYLETS

From the electrically transcribed *Illinois March of Health* radio series about forty *recordings* of short dramatizations on public health topics are on hand for playback at community meetings. Portable transcription *players* (similar in principle to electric phonographs) may be borrowed for use with these records.

SPEAKERS

Speaking engagements are arranged only when the occasion seems to warrant the expense, and only if the request is received well in advance of the program date.

EXHIBITS

Educational models and displays on public health subjects of general interest are provided so far as staff resources permit, but only when the occasion and the anticipated attendance appear to justify the expense of time, money, and effort involved in transporting and setting up the equipment.

DIVISION OF VENEREAL DISEASE CONTROL

The Division of Venereal Disease Control is administered by the Chief of this Division, who also serves as Venereal Disease Control Officer for the State of Illinois.

All cases of venereal diseases, with the exception of those in the City of Chicago, are reported to this office in Springfield, on regular venereal disease report blanks, furnished to all licensed, practicing physicians in the State of Illinois. This Division also supervises the Venereal Disease Free Treatment Centers or Clinics. As of June, 1941, there were thirty treatment centers, located in the following cities: Alton, Aurora, Berwyn, Bloomington, Cairo, Calumet City, Carbondale, Champaign, Chicago Heights, Cicero, Decatur, East St. Louis, Evanston, Granite City, Harvey, Herrin, Jacksonville, Joliet, Jonesboro, LaSalle, Maywood, Metropolis, Moline, New Shawneetown, Peoria, Quincy, Robbins, Rockford, Sparta and Waukegan.

Free drugs furnished for all reported cases of gonorrhea and syphilis include sulfathiazole, neoarsphenamine, mapharsen, sulpharsphenamine, tryparsamide, acetarsone, bismuth, mercury, sodium thiosulfate, and calcium gluconate.

Consultation services are furnished free of charge, at the request of the attending physician, by the Venereal Disease Control Officer, Consultant Syphilologist, or Consultant Pediatrician, as well as by the thirty clinic directors.

Professional educational materials available to physicians include publications on various phases of gonorrhea and syphilis; motion pictures; and pre-scheduled treatment outlines based upon the principles of treatment recommended by the Cooperative Clinical Group. Refresher or post graduate courses are given regularly at the Chicago Municipal Social Hygiene Clinic. All Illinois physicians are invited to attend, without charge.

Follow-up services for patients who have discontinued or interrupted their courses of treatment with private physicians are undertaken by the Division's investigators. Every effort is made to return each delinquent for further treatment to the physician who originally reported the case.

Routine epidemiological investigations are made by District Health Superintendents, Quarantine Officers, Assistant Epidemiologists, nurses and other staff investigators, on all cases of primary and secondary syphilis, and of acute gonorrhea. The same public health principles as govern the detection, and the prevention of the spread, of other communicable diseases are employed in the Division's handling of every case of early syphilis and acute gonorrhea. The ultimate aim is to conduct a successful program for the control of venereal diseases through the promotion of (1) early diagnosis, (2) prompt institution of competent medical care, and (3) continuous treatment of infectious cases until they are rendered non-infectious.

DIVISION OF VITAL STATISTICS

ORIGIN AND GENERAL FUNCTIONS

The Division of Vital Statistics is the organized unit instituted by the Department of Public Health to carry on certain of the powers and duties vested by law in the Department under the Civil Administrative Code (1917) as well as to develop and administer the measures contained in the "Law to provide for the Registration of all Births, Stillbirths and Deaths" in the State, also known as the "Vital Statistics Act", which became effective July 1, 1915.

OBJECTS OF REGISTRATION

This statute, like all similar laws existing in the various states of the country, was enacted with two primary objects in view:

(a) The establishment of a State Record of the "Span of Life" of each of its citizens with such descriptive, social and legal facts incorporated therein as may be of advantage to the individual or his kin in furthering his career while living, or of aid to heirs, relatives, or others, after death.

(b) The availability of these records in such uniform arrangement that they may be collected, and the facts (items*, or statistics) shown by them assembled, redistributed or grouped in such manner as will allow them to be compared and studied to advantage, and used as a basis for the development of such health policies or plans, social, legislative or administrative, as shall result in the improvement of the welfare of the people individually, and as a whole.

SCOPE

While the words "Vital Statistics", as contained in the title of the Division, would seem to imply that its functions were restricted simply to the recording or accounting of the "facts of life", the provisions of the Registration Law itself, and the added duties which assigned in the provisions of the Civil Administrative Code, broaden the scope of the Division's activities to such an extent that it is an active administrative agent in effecting law observance and has virtually become a Bureau of Information as far as records of life and death are concerned.

It lies within the province of the Division to exercise every reasonable means to secure the prompt and accurate registration of all births occurring within the State, and the Division thus endeavors to "insure the title" of each individual to his or her existence.

PREVENTION OF BLINDNESS

Through its aid in advancing the work of birth registration, the Division is also instrumental in furthering the prevention of blindness among infants (by reporting cases of violation of the Ophthalmia Neonatorum Act), and the care of the mothers and children of the State.

NEED OF BIRTH RECORDS

In addition to the fact that laws in regard to school attendance and child labor make it incumbent upon the young to fur-

* The items on the Original Certificates are, in number, as follows: Birth, 31; Stillbirth, 41; Death (Coroner's and Medical), 25.

nish satisfactory evidence as to age, the increasing density of population has resulted in keener competition for existence, and has increased the necessity for indisputable proof of age and of citizenship in maturity. Such proof is also demanded by Federal Security, Selective Service, Old Age Assistance, and similar programs or agencies.

UNRECORDED BIRTHS

The Division assists the public in the recording of births never before registered, thus establishing citizenship, inheritance rights, and nationality, as well as the rights of foreign travel, suffrage, marriage, holding public office, entering military, naval or governmental service, securing payment of life insurance, and receiving pensions, etc.

CERTIFIED COPIES OF RECORDS

The Division issues, upon request, and upon payment of the statutory fifty-cent fee, certified copies of records of birth and death.

MORTALITY RECORDS

Similiarly, through its supervision of the recording of certificates of stillbirths, and its insistence on the establishment of the best records possible in cases of death from "violence, casualty or undue means"—Coroner's cases—it affords public protection in establishing facts which may become the basis of procedure against violators of the law whose acts may result in jeopardizing the lives or the health of the people of the State.

FILES

The Department of Public Health is required, by the Vital Statistics Act to keep on file the original State records (certificates) of birth, stillbirth and death, and delegates the care of these records to the Division of Vital Statistics, which is charged with their binding, indexing and safekeeping.

ADMINISTRATION

To the Division, therefore, are ordinarily referred all questions concerning the proper making of these records, as well as requirements concerning such other matters as the transportation of dead human bodies both into and and out of the state, the burial, cremation, disinterment or re-interment of such, the keeping of cemetery records, and matters pertaining to the maintenance, control and compensation of the corps of local registrars who are the officials in charge in the minor areas (districts, some 1,370 in number) into which the State is divided, these areas being the sources from which the original certificates are collected.

ANNUAL REPORT

Under the law, the Division, as the agent of the Department of Public Health, compiles and releases "for the information of the citizens of the State an annual report on births and deaths", which "will serve to promote public health and general welfare."

OTHER REPORTS

In 1918 Illinois became a "member" of the Federal Registration Area for Deaths, its records by the U. S. Government test having been found better than 90 per cent complete. In 1922, under similar conditions, the State attained membership in the Federal Birth Registration Area. In fulfillment of the Federal Government's requirements of all such "Member-States", the Vital Statistics Division, as the Department's agent, also compiles and forwards monthly to the Bureau of the Census at Washington transcripts of all Illinois birth, stillbirth and death records in order that these may become part of the published statistical records of the Federal Government.

INQUIRIES AND SPECIAL REPORTS

Questions received by the Department of Public Health from governmental, and extra-governmental agencies, other departments of the State government, public and private associations, firms, and individuals, as to population, reported births and stillbirths, as well as requests for mortality data, are frequently referred to the Division for attention. With the approval of the Director of Public Health, the desired information or specially compiled report is forwarded.

DIVISION OF CANCER CONTROL

The program of this Division includes lay education, professional education, promotion of diagnostic and therapeutic facilities, and statistical research, in the field of cancer control.

A booklet entitled "Cancer—Important Facts for Everyone" is available for distribution to the public. A 16 mm. sound film (2 reels, 18 minutes) on cancer, entitled "Choose to Live," is available for showing to lay audiences. Quantities of the booklet can be obtained without cost from the Division of Public Health Instruction. The film can be booked by application to the local District Health Superintendent or through the Division of Public Health Instruction. Speakers for lay groups may be obtained by application to the local District Health Superintendent or to the Chief of the Division of Cancer Control.

DIVISION OF DENTAL HEALTH EDUCATION

The Division of Dental Health Education has for its main objective dental health education, and the program as conducted is purely educational in character.

The staff dentists and dental assistant nurses participate in the actual examination and inspection of children to demonstrate the need of these activities from the standpoint of child health, to encourage public demand, and to stimulate communities to conduct these services yearly. The examinations are termed "dental health appraisals", since they are not merely a matter of looking into mouths to secure numbers or figures, but rather a medium by which the dentist may reach the parents, teachers and children. This affords the dentists an opportunity to point

out certain individual defects which may directly or indirectly impede the proper physical development of the individual. It also serves to establish the direct relationship between the condition of the mouth and general health and will consequently impress upon the participants the value of forming proper dental health habits.

The five dentists spend their time in conducting "dental health appraisals." From these examinations a complete analysis is made of the conditions found and reported to the school. Copies of such reports are also available to any interested organization or individual. From these reports, then, it is easy for the staff members to assist school officials and teachers in developing a definite dental health educational program for their respective schools and communities.

The Staff dentists assist local dentists and local dental organizations in developing programs through which the local dentists become active participants in the community dental health promotion. Staff dentists assist local communities in developing follow-up programs in order to secure necessary corrections.

They also do considerable lecturing to teachers, dentists and lay and civic organizations. Their services are available to local health departments in developing dental health programs which may be coordinated with their general health programs.

They assist component and district dental societies in developing institutes for the education of the dental profession.

The dental assistant nurses organize dental health clubs and young mothers' study clubs so that the Staff dentists may discuss at regular meetings some of the phases of dental health. The nurses encourage various lay organizations of each community to include on their yearly program at least one program for dental health education. Each county superintendent in their districts is offered a dental speaker for each teachers' institute. The nurses are also available to assist local dentists, public health officials, school officials and lay organizations in making home calls wherever it seems necessary to discuss dental health with the parents. The dental assistant nurses are likewise available to discuss and work out with local, school, county and district nurses the coordination of a dental health educational program with the general health program. On request, they lecture to student nurses on dental health and on the importance of beginning a protective program early in a child's life. Their services are also available to local public health workers in developing follow-up programs.

The dentists frequently address public gatherings. County-wide demonstrations in dental health education are carried on during each school year. These projects extend over a period of one to two years and involve close contact with the practicing dentists and the mothers in the counties concerned.

To expedite this program, the State of Illinois has been divided into four dental health districts. Dental District No. 1 comprises the northern areas of the State and covers the Department's general districts No. 1, 2, 3, 4, 5, and 21. The dentist and dental assistant nurse are headquartered in Moline at the Department's District Office No. 4. Dental District No. 2 comprises the western part of the State and covers the

Department's general districts No. 7, 8, 9, 10 and 15. The dentist and dental assistant nurse are headquartered in Springfield in the central office of the Division of Dental Health Education. Dental District No. 3 comprises the eastern part of the State and covers the Department's general districts No. 6, 11, 12, 13 and 14. The dentist and dental assistant nurse are headquartered in Paris at the Department's District Office No. 12. Dental District No. 4 comprises the southern part of the State, covering the Department's general districts No. 16, 17, 18, 19 and 20. The dentist and dental assistant nurse are headquartered in Highland at the Department's District Office No. 16.

Cooperative plans in dental health education are made and carried out with the Illinois State Dental Society, through the Committee on Dental Health Education. This Committee has organized the various phases of the work in the Society in a manner that gives to each county a dental health educational program in which the Department of Public Health can readily cooperate.

The staff members interpret the Division's work to officials of the lay organizations and professional groups of each community. The dental health education program is correlated with that of the general health program through a coordinated program of the Division of Dental Health Education, the Division of Local Health Administration, and the Division of Public Health Instruction.

This plan provides each district health office with a part-time dental health education service, and the dental staff arrange their schedules so that definite periods may be spent in each district health office during the year.

The policies, plans, and program are developed and directed by the Chief of the Division of Dental Health Education, while the respective district health superintendents of the units, in which the staff members work, give immediate supervision.

Whenever conditions are found which are of concern to another Division, the finding is reported to the District Health Superintendent as well as to the general office. At the conclusion of a program in a district, the District Health Superintendent receives a dental report of the conditions found.

The dental health education services may be obtained by Illinois communities on request, but such requests should reach the Department several weeks preceding the beginning of the desired program.

DIVISION OF TUBERCULOSIS CONTROL

With a view to bringing the anti-tuberculosis work in all sections of the State up to the highest achievable standard, the Division of Tuberculosis Control is being set up to (1) promote the adoption in all counties of the county tuberculosis law; (2) standardize sanatorium practice and preventive activities; (3) stimulate the examination and protection of the human contacts of all reported cases; (4) encourage local case-finding programs and develop a State-wide campaign of case-finding; (5) coordinate the existing organized public and private (official and voluntary) efforts at tuberculosis control; (6) give widespread assist-

ance in tuberculosis education among lay groups both in schools and at the adult level; and (7) carry on research projects in the field of tuberculosis.

DIVISION OF HOTEL AND LODGING HOUSE INSPECTION

The work of this Division is confined to cities with a population of 100,000 or more, which limits it at present to Chicago and Peoria. The program consists of inspection and supervision of lodging houses, boarding houses and hotels as authorized by the State Board of Health Act. *Regulations* for the prevention of over-crowding and of the use of unfit buildings for lodging house purposes, as well as sanitation *laws* pertaining to ventilation, water supply, sewage disposal, cleanliness, proper plumbing and sleeping equipment are enforced by the Division, supported by its inspectors' written reports of their observations.

DIVISION OF INDUSTRIAL HYGIENE

Since the enactment of the Workmen's Occupational Diseases Act, which went into effect October 1st, 1936, reports of occupational diseases resulting in disability or death are made directly to the Industrial Commission of Illinois, 205 West Wacker Drive, Chicago, on special forms (O.D. 45) provided for the purpose.

Industrial hygiene is concerned with more than the prevention of diseases accepted by workmen's compensation laws. It has to do with all diseases and disorders which tend to increase the industrial morbidity and mortality rates above those for the general population. Industrial hygiene embraces a complete program of adult hygiene integrated with existing public health activities.

Any of the factors which affect the gainfully employed worker's health, such as the working environment, the manner in which the work is conducted, the length of time spent at each task, the proper placement of workers, plant sanitation and housekeeping, ventilation, illumination, medical services, exposure to manufacturing materials and by-products, or other factors, may introduce health problems calling for the services of the industrial hygiene physician, engineer and chemist.

The Division of Industrial Hygiene offers the following services to employees, employers, the medical and nursing profession, technical groups and other interested agencies.

1. Medical.
   - (a) Study of workrooms and industries for specific problems.
   - (b) Evaluation of industrial environmental exposures.
   - (c) Health appraisal of workers.
   - (d) Diagnostic aid to physicians, hospitals, clinics and other medical institutions.
   - (e) Maintenance of an Occupational Disease Clinic.
   - (f) Morbidity and mortality studies of industrial groups and occupations.
   - (g) Consultation and guidance to industry, labor, medical profession, local health agencies and other interested groups in matters of industrial hygiene.
   - (h) A general public health program for promoting adult hygiene among industrial groups and communities.
   - (i) Guidance for rehabilitation of employees.
   - (j) Acting as a case-finding or disease-finding unit in industry for relay to other State Health Department branches.

2. Engineering.
   (a) Conducting plant surveys and individual studies of industrial workrooms, operations and processes.
   (b) Collection of industrial atmospheric contaminants and other hazardous materials for analysis and study.
   (c) Recommending methods for control of hazards affecting health in industry.
   (d) Carrying out technical inspections to determine efficiency of engineering control measures.
   (e) Making recommendations for the substitutions of less hazardous materials wherever possible.
   (f) Selection and guidance in the use of personal protective equipment for industrial workers.
3. Chemical.
   (a) Laboratory analysis of samples obtained in the field and on materials submitted with reference to the causation of industrial disease or ill health in occupational environments.
   (b) Data concerning toxicity of industrial materials.
   (c) Research in methods of collection and determination of atmospheric contaminants.
4. Educational.
   (a) Lectures.
   (b) Pamphlets and bulletins.
   (c) Exhibits.
   (d) Radio addresses.
   (e) Vocational training schools.
   (f) Under-graduate teaching of medical and public health students.
   (g) Instructions in laboratory routine and field technic to agencies interested in and doing similar work.
5. General.
   (a) Clearing house for industrial hygiene information.
   (b) Industrial hygiene services for local and county health agencies.

STATISTICAL OFFICE

The Statistical Office of the Department of Public Health is a unit of the Division of General Administration and has been set up to serve the statistical needs of the entire Department. The statistical unit was originally organized as a phase of the Division of Communicable Diseases to handle morbidity reporting by machine methods. The Division of Vital Statistics also established tabulating machine equipment to handle its statistical needs. These installations were merged to form the present Statistical Office which carries on the tabulation and analysis of statistical data for the Divisions of Communicable Diseases, Vital Statistics, Laboratories, Venereal Disease Control, Pneumonia Control, and Dental Health, and in addition tabulates the payroll, the budget accounts, and the physical inventory for the entire Department.

The reports of the Statistical Office fall into two major classifications:

1. Reports on public health statistics which include the morbidity and mortality for the various reportable diseases, birth and death statistics.
2. Reports on the activities of and services rendered by the several divisions and disease control programs.

REGULAR REPORTS CURRENTLY PREPARED BY THE STATISTICAL OFFICE

DIVISION	TYPE OF REPORT	FREQUENCY OF REPORTING
Communicable Diseases	Alphabetic register of diseases	Monthly and annually
	Morbidity statistics by disease	Monthly and annually
	Distribution of Biologics	Monthly, quarterly and annually
Pneumonia Control	Morbidity and Mortality statistics	Semi-annually, monthly and annually
Venereal Disease Control	Morbidity Statistics	Weekly, monthly and annually
	Distribution of Drugs	Monthly, quarterly and annually
Laboratories	Statistics of Specimens examined	Monthly, quarterly and annually
Vital Statistics	Birth index	Monthly and annually
	Death Index	Monthly and annually
	Birth, stillbirth and maternal mortality statistics	Monthly, quarterly and annually
	Death Statistics	Monthly, quarterly and annually
Dental Health	Register of dental examinations	Monthly and annually
	Statistics of dental examinations	Monthly and annually
General Administration	Physical inventory	Annually
	Payroll	Monthly and annually
	Accounting and budgetary	Monthly, quarterly and annually

The office also prepares many special statistical reports based on the great mass of data received by the Department of Public Health. Such reports are made upon the request of the several divisions of the Department of Public Health, of other Illinois State Departments, of the agencies of other states, of the Federal agencies, and of private agencies and physicians engaged in public health activities. The chief and assistant statisticians act also in advisory capacities to the several divisions on statistical matters and collaborate on the special studies and research involving statistics which are carried on within the Department.

As an aid in obtaining the data from which adequate statistical analyses can be made, it is strongly urged that physicians and others who submit reports containing statistical information to any of the divisions be particularly careful to furnish the exact information required. Thereby large variations in reporting accuracy which vitiate much of the data from which important conclusions are to be drawn can be avoided. It is particularly important to emphasize at this time the need for careful reporting on the usual *occupation* of the patients in morbidity and mortality reporting. Occupations should be reported so that each person working within an industry can be allocated to the particular *type of industry* as well as the kind of job he performs within that industry. Only on the basis of such reports will it be possible to fill the acute need for adequate health statistics on a Statewide scale for occupations. It is equally important that the *usual* or *home address* of patients be reported accurately so that geographical influences in disease incidence may be fully evaluated. The present lack of statistics of this sort is increasingly becoming a severe handicap to the proper handling of very important health problems within the State.

CHAPTER II

POWERS AND DUTIES

A. POWERS AND DUTIES OF STATE DEPARTMENT OF PUBLIC HEALTH

OFFICIAL NOTICE

WHEREAS: UNDER PROVISIONS OF THE STATUTES OF THE STATE OF ILLINOIS, THE STATE BOARD OF HEALTH SHALL HAVE THE GENERAL SUPERVISION OF THE INTERESTS OF THE HEALTH AND LIVES OF THE PEOPLE OF THE STATE. THEY SHALL HAVE SUPREME AUTHORITIY IN MATTERS OF QUARANTINE, AND MAY DECLARE AND ENFORCE QUARANTINE WHEN NONE EXISTS, AND MAY MODIFY AND RELAX QUARANTINE WHEN IT HAS BEEN ESTABLISHED. THE BOARD SHALL HAVE AUTHORITY TO MAKE SUCH RULES AND REGULATIONS AND SUCH SANITARY INVESTIGATIONS AS THEY MAY FROM TIME TO TIME DEEM NECESSARY FOR THE PRESERVATION AND IMPROVEMENT OF THE PUBLIC HEALTH, AND THEY ARE EMPOWERED TO REGULATE THE TRANSPORTATION OF THE REMAINS OF DECEASED PERSONS.*

In order to preserve and improve the public health, the Illinois Department of Public Health hereby adopted and promulgated the following rules and regulations for the control, suppression and eradication of communicable diseases and ". . . It shall be the duty of all local boards of health, health authorities and officers, police officers, sheriffs, constables and all other officers and employees of the State, or any county, village, city or township thereof, to enforce the rules and regulations that may be adopted by the State Board of Health. . ." (Chapter 111½, par. 22, Smith-Hurd Illinois Revised Statutes, 1941.)

Authority for the control of contagion may be found in laws passed by legislature, and in the rules of the Illinois Department of Public Health.

Copies of the rules for control of contagious diseases may be obtained from the Illinois Department of Public Health at Springfield, Illinois.

PENALTY FOR VIOLATION OF THE FOLLOWING RULES

"Any person, who violates or refuses to obey any rule or regulation of said State Board of Health, shall be liable to a fine not to exceed $200.00 for each offense or imprisonment in the county jail not exceeding six months, or both, in the discretion of the court." (Chapter 111½, par. 24, Smith-Hurd Illinois Revised Statutes, 1941.)

* See pages 53-56.

B. POWERS AND DUTIES OF LOCAL UNITS OF GOVERNMENT

Four local governmental units are involved. There also is the problem of joint jurisdiction.

1. Townships in counties under township organization.
2. Counties not under township organization.
3. Cities.
4. Villages.
5. Jurisdiction just outside corporate limits of city or village.

1. TOWNSHIPS

The supervisor, assessor, and town clerk constitute the township board of health. By statute the town clerk is secretary of the township board of health.

This board should have a meeting after each election and organize so that they will function legally.

They should elect a health officer, who may be any member of their board, or under the statutes they may appoint a physician as health officer. The appointment should be a matter of record in their minutes, otherwise some member may be held liable for performing an act he was not authorized to do.

It also is suggested that in the minutes of their meeting it be stated that the rules and regulations of the Illinois Department of Public Health shall be the rules of their township board of health.

Under the statutes "the said boards of health shall have the following powers:

a. "To do all acts, make all regulations which may be necessary or expedient for the promotion of health or the supression of disease.
b. "To appoint physicians as health officers and prescribe their duties.
c. "To incur the expenses necessary for the performance of the duties and powers enjoined upon the board.
d. "To provide gratuitous vaccination and disinfection.
e. "To require reports of dangerously communicable diseases."

2. COUNTIES NOT UNDER TOWNSHIP ORGANIZATION

"The board of county commissioners in counties not under township organization shall constitute a board of health and shall have the same powers and duties as described above for township boards of health." Provided, however, that this power does not extend within the corporate limits of any city or village.

3. and 4. CITIES AND VILLAGES

"Under the Cities and Villages Act, the city council in cities and the board of trustees in villages shall have the following powers:

a. "To appoint a board of health and prescribe its powers and duties.
b. "To erect and establish hospitals and medical dispensaries, and to regulate hospitals, medical dispensaries, sanitoria, and undertaking establishments, and to direct the location thereof.
c. "To do all acts, make all regulations, which may be necessary or expedient for the promotion of health or the suppression of disease."

(For additional powers, see Smith-Hurd Illinois Revised Statutes.)

In cities under the commission form of government, the statute provides for a department of public health and safety, administered by a commissioner, whose duties are prescribed by ordinance in the same manner as in other cases.

The requirements of the Illinois Department of Public Health are minimum requirements to be observed and enforced through-

out the State. Cities and villages are authorized by statute to adopt ordinances and township and county boards of health are authorized by statute to make and enforce additional regulations, which are supplementary to and may amplify but must not be in conflict with or minimize the regulations of the Illinois Department of Public Health. Such regulations must be reasonable.

Local Boards of Health are charged with certain powers and duties relative to the following:

a. Reporting of Disease, see Chapter V.
b. Diagnosis, see Chapter V.
c. Quarantine, see Chapter VI.
d. Isolation, see Chapter VI.
e. Placarding, see Chapter VIII.
f. Investigations, see Chapter V.
g. Compulsory Vaccination, see "Smallpox", page 96.
h. Removal of Interred Bodies, see page 55, Rule 4.
i. Transportation of Dead, see pages 53-56.
j. Removal of case or suspected case of Communicable Disease, see Chapter VI.

5. JURISDICTION JUST OUTSIDE THE CORPORATE LIMITS OF CITY OR VILLAGE

The question is frequently asked, "Who shall have jurisdiction in health matters just outside the corporate limits of city or village?"

The answer is that city or village authorities and township health authorities shall have concurrent jurisdiction in health matters in territory within one-half mile of city or village limits. Whichever body, the municipality or township, first exercises jurisdiction over a case, must continue in charge thereof.

C. POWERS AND DUTIES OF OTHERS

These are manifold and will be found throughout the following chapters. For one example, see Chapter V on "Reporting".

CHAPTER III

DEFINITION OF TERMS

For the purpose of these rules and regulations the following shall be the accepted definitions used herein.

1. CARRIER—A carrier is a person who, without symptoms of a communicable disease harbors and disseminates the specific microorganism.
   a. An *Incubationary Carrier* is a person without clinical manifestations of a disease who is found to be harboring an infectious agent and who later comes down with the disease within the incubation period.
   b. A *Convalescent Carrier* is a person who has recently recovered from the clinical manifestations of a disease and who is found to be harboring the infectious agent.
   c. A *Contact Carrier* is an individual who passively carries infectious organisms as a result of contact, direct or indirect, with a case or carrier, but in whom the organism is not reproducing itself.
   d. A *Chronic Carrier* is a carrier who harbors within himself a focus of reproducing infectious organisms and disseminates them either continously or spasmodically, and who is not a case of the disease or a carrier as defined in a, b, or c. Chronicity is defined for each disease in which it is significant.
2. By CASE is meant a single instance or example of a disease.
   a. A typical case is one which shows the usual signs and symptoms and follows the usual course of the disease in question.
   b. An atypical case is one which does not show the usual signs and symptoms nor follow the usual course of the disease in question.
   c. A missed case is one which is mild or a typical instance of disease which is not recognized clinically.
3. A CONTACT is any person known to have been sufficiently near an infected person to have been exposed to the transfer of infectious material directly or by articles freshly soiled with such material.
4. A SUSCEPTIBLE, or non-immune, is a person or animal who is not known to have become immune to the particular communicable disease in question by natural or artificial process.
5. NON-IMMUNE—See Susceptible.
6. A FOOD HANDLER is a person, who handles food during processes of production, preparation, packaging or sale if the food is not contained in tightly closed containers, and if it is commonly or usually eaten without further cooking equivalent to boiling, or if the outside peeling or covering

is not usually or commonly removed. All persons handling milk, cream, cheese and similar dairy products or whose occupation is that of cook, waiter, or helper in a kitchen or dining room, shall be considered to be included as a food handler.

7. PREMISES shall be defined as follows:
   a. When a *home* or building is occupied by just one family, the entire building constitutes the premises.
   b. An *apartment* building, containing two or more apartments, only the immediate apartment in which the case and contacts live.
   c. In a *hotel*, the room or suite of rooms occupied by the case, attendant and family contacts.
   d. *Institutions*, the entire institution or that physical portion designated as "premises" by the Director of the State Department of Public Health or his authorized representative.
8. ISOLATION—See Chapter VI, page 37.
9. QUARANTINE—See Chapter VI, page 37.
10. PERSONAL CLEANLINESS—This includes:
    a. Keeping the body clean by sufficiently frequent soap and water baths.
    b. Washing hands with soap and water after voiding bowels or bladder and always before eating.
    c. Keeping unclean hands and unclean articles (especially those which have been used for toilet purposes) away from mouth, nose, eyes, ears and vagina.
    d. Avoiding the use of common or unclean eating or drinking utensils and common or unclean toilet articles of any kind, such as towels, handkerchiefs, hair brushes, drinking cups, pipes, etc.
    e. Avoiding close exposure of persons to spray from the nose and mouth as in coughing, sneezing, laughing or talking.
11. By DISINFECTION is meant destruction of the vitality or pathogenic microorganisms by chemical or physical means. See pages 46-48.
12. CLEANING—The removal, by scrubbing and washing, as with hot water, soap and washing soda, of organic matter on which and in which bacteria may find favorable conditions for prolonging life and virulence; also the removal by the same means of bacteria adherent to surfaces.
13. FUMIGATION is a process which uses gaseous agents to destroy bacteria, insects, as mosquitoes and body lice, and animals, such as rats.
14. DISINFESTING is any process, such as the use of dry or moist heat, gaseous agents, poisoned food, trapping, etc., by which insects and animals known to be capable of conveying or transmitting infection may be destroyed.
15. By RENOVATION is meant, in addition to cleaning, such treatment of the walls, floors, and ceilings of rooms or houses as may be necessary to place the premises in a satisfactory sanitary condition.
16. DELOUSING—The processes by which a person and his personal apparel are treated so that neither the adults nor the eggs of *pediculus corporis* or *pediculus capitis* survive.
17. LOCAL HEALTH AUTHORITY—The term "Local Health Authority" is the health authority having jurisdiction over a particular area and includes city, village, township and county boards of health and health departments and the responsible executive officers of such boards, and any person legally authorized to act for such health authority.
18. REPORT OF DISEASE—See Chapter V, page 34.

19. AUTHENTIC RELEASE SPECIMEN—An authentic specimen is one collected in a manner and under such conditions as are approved by the Illinois Department of Public Health. See each disease for details.
20. An ADULT is one who is sixteen years of age or over.
21. A CHILD sixteen years or over not attending school shall be considered an adult. If he attends school, he shall be considered a school child until after he has completed the twelfth grade.

CHAPTER IV

NOTIFIABLE DISEASES

For the purpose of these rules and regulations, the following named diseases and disease carriers are declared to be contagious. infectious, communicable or dangerous to the public health and shall be notifiable in accordance with the provisions of these regulations:

1. Actinomycosis.
2. Amebiasis (amebic dysentery).
3. Ankylostomiasis (hookworm).
4. Anthrax.
5. Botulism and other forms of food poisoning.
6. Chancroid.
7. Chickenpox.
8. Cholera (Asiatic).
9. Dengue.
10. Diarrhea in children under 1 year of age (in institutions).
11. Diphtheria.
12. Dog and other animal bites.
13. Dysentery (bacillary and other infective types).
14. Encephalitis—
    (a) acute.
    (b) lethargic.
15. Erysipelas.
16. Favus.
17. German measles.
18. Glanders.
19. Gonorrhea.
20. Granuloma inguinale.
21. Hemolytic streptococcus sore throat (See No. 43 Streptococcus sore throat).
22. Impetigo contagiosa (in institutions).
23. Influenza.
24. Leprosy.
25. Lymphocytic chorio meningitis.
26. Lymphogranuloma, venereum.
27. Malaria.
28. Measles.
29. Meningitis—(cerebrospinal fever meningococcus).
30. Meningitis, other—
    (a) pneumococcus.
    (b) streptococcus.
    (c) syphilitic.
    (d) tuberculous.
    (e) unspecified.
31. Mumps.
32. Ophthalmia neonatorum (conjunctivitis of the newborn under 14 days of age).
33. Ophthalmia in persons over 14 days of age (all infectious types).
34. Paratyphoid fever.
35. Pellagra.
36. Plague.
37. Pneumonia—
    (a) pneumococcus and other primary forms.
    (b) secondary pneumonias complicating infectious disease.
38. Poliomyelitis, acute anterior (infantile paralysis).
39. Psittacosis.
40. Rabies.
41. Rocky Mountain spotted fever.
42. Scarlet fever.
43. Streptococcus (septic) sore throat (See No. 21, hemolytic streptococcus sore throat).
44. Smallpox.
45. Syphilis.
46. Tetanus.
47. Trachoma.
48. Trichiniasis.
49. Tuberculosis, pulmonary.
50. Tuberculosis, other than pulmonary.
51. Tularemia.
52. Typhoid fever.
53. Typhus fever.
54. Undulant fever and Malta fever.
55. Vincent's angina and other infectious anginas.
56. Whooping cough.
57. Yellow fever.

CHAPTER V

REPORTING, DIAGNOSIS, INVESTIGATION AND ALLOCATION OF REPORTABLE DISEASES

DEFINITION:

By REPORT of a disease is meant notification to the proper health authorities in the city, village, or township in which the patient resides, that a case, suspected case, or carrier of a notifiable disease exists in a specified person at a given address, and a communicable disease in animals, also shall be reported to the Department of Agriculture. Reporting is not complete until the local health authority transmits the report to the designated state authorities. Also, see page 109 special methods for reporting venereal diseases.

Q. WHO SHOULD REPORT a communicable disease? To whom? What to report?

A. Every physician, dentist, other practitioner, hospital, attendant, nurse, laboratory, parent, householder, school authority, local registrar, *or other person having knowledge of a known or suspected case* of communicable disease or communicable disease death listed in Chapter IV, page 33, shall report promptly* in writing or by telephone, or by both, to the local health authority in whose jurisdiction the patient resides each and every known or suspected case and/or carrier of communicable disease or death from communicable disease unless he has positive knowledge that it has been reported previously. Every case of communicable disease developing on the premises subsequent to the first reported case shall likewise be reported. Every case reported by telephone shall be followed by a written report within twenty-four hours. Where it is suspected that a disease is *milk-borne or water-borne* the Illinois Department of Public Health shall be promptly notified by wire of this fact.

If the municipality has no health officer, reports shall be made to the mayor of the city, president of the village or the official designated by ordinance to receive the same. Cases occurring in the territory outside of the limits of a municipality shall be reported to the person designated by the rules of the township or the county board of health to receive such reports, or, if there is no such person designated, reports shall be made to the supervisor of the township, or in counties not under township organization, to the county commissioners. Upon receipt of such report, the local health authority shall within twenty-four hours forward a copy of the same to the Illinois Department of Public Health, except in cities having a health department with adequate personnel and a full-time medical health officer or commissioner in charge, the Director of the Illinois Department of Public Health may agree in writing to

* The word "promptly" shall mean within 24 hours in all diseases except in ophthalmia, which shall be reported within six hours.

accept daily tabulated reports and monthly and annual statistical reports from such cities; however, all epidemiological data requested by the Illinois Department of Public Health shall be furnished. The local health authority shall report immediately to the Illinois Department of Public Health all information that he may have relative to cases, suspected cases, contacts and carriers within the State, but outside the jurisdiction of the local reporting governmental agency.

Q. What is the procedure to be followed by local health authority when a report is received?

A. He shall make a copy of the report on a franked card and forward it within twenty-four hours to the Illinois Department of Public Health, except as otherwise specified relative to the reporting of Venereal Diseases. See page 109.

Q. What information should be included in the report?

A. The written report should include the following information:

(a) Place and date of report.
(b) Name, exact address, age, sex, color, marital status and occupation of the patient.
(c) Number of children and adults in the household.
(d) School attended or place of employment.
(e) Probable source of infection or origin of disease.
(f) Date of onset of illness. In eruptive disease, date of eruption.
(g) If disease is smallpox or adult chickenpox, give the type of disease and number of times successfully vaccinated and approximate dates.
(h) All venereal diseases shall be reported on a special form. See page 109.
(i) Was patient or is any member of the household engaged in the production or handling of milk.
(j) Name and address of person making the report.
(k) Where patient is confined.

The above card is furnished to local health boards and to physicians by the Illinois State Department of Public Health without charge. *However, in the case of venereal disease the report shall be on a special form—See Venereal Diseases*—Page 109, *and shall be sent in a sealed envelope.*

As soon as the attending physician makes a diagnosis or probable diagnosis of a communicable disease, he shall advise the family and the patient as to the nature of the disease and isolate the patient or advise the family to do so, if isolation is required by the rules of the Illinois DePartment of Public Health.

He should also inform the family that children should not attend school, that milk bottles and containers are not to be returned to the milkmen or grocers, that no milk nor food products are to be removed from the premises and that visitors shall not be permitted to enter the premises until further instructions are received from a representative of the local health department. Whenever any school child, teacher, or other person employed on school premises has been in contact with, or exposed to, or is suffering from a communicable disease, it shall be the duty of the local health authorities immediately to report such facts to the school authorities of the school or schools concerned.

INVESTIGATIONS

Whenever possible, unless otherwise specified in these rules, the health officer shall make a prompt and careful

investigation of cases of communicable diseases reported to him, in order to determine source of infection and contacts and to confirm diagnosis. If he is a lay health officer, a physician and surgeon shall be deputized by the local health authorities* to make the investigations and to confirm diagnosis.

DIAGNOSIS

Q. If there is *no physician in attendance*, who will make the diagnosis?

A. Where a case or suspected case of communicable disease is reported by some person other than a physician and there is no physician in attendance, the local health authorities have the right, under the statutes, to appoint a physician to see the case or suspected case, and make a diagnosis so that if it is a case of communicable disease, the regulations of the Illinois Department of Public Health shall be observed.

Q. When there is a *dispute between two physicians* regarding the diagnosis of a case of communicable disease, what procedure is to be followed?

A. If a physician changes or questions his own or another physician's diagnosis, the control measures shall not be reduced until the dispute is settled by a representative of the Illinois Department of Public Health upon examination of the case, except where local health departments have a full-time medical health officer or commissioner, he or one of his representatives will see the case.

SPECIMENS FOR LABORATORY EXAMINATION

Only specimens submitted to the laboratories of the Illinois Department of Public Health, or to a laboratory approved by it for each test may be used for the official detection or confirmation of carriers or cases, or for the release of cases or carriers or suspected cases or carriers from isolation, quarantine or observation. For services offered by laboratories of the Illinois Department of Public Health, see pages 5-14.

ALLOCATION OF CASES AND DEATHS

Where a communicable disease death occurs in a non-resident patient following the transportation of such person to another health jurisdiction, whether with or without the permission of the health authority to which moved, this death shall at once be charged to the health jurisdiction in which the patient resides, provided the health authority, where death occurs, at once writes the Illinois Department of Public Health and sends a copy to the registrar and health officer of the place of residence of deceased, calling attention to the non-resident death from a communicable disease and giving the necessary details, and also that the death certificate when forwarded to the Illinois Department of Public Health at Springfield shall contain a special notation attached to it stating: "This is a non-resident death, please allocate to place of residence of deceased."

* See Definition, Page 31.

CHAPTER VI

ISOLATION AND QUARANTINE

1. **DEFINITION:** By ISOLATION is meant the separation of a person suffering from a communicable disease, a carrier of the infecting organism, or a person suspected of having such a disease or of being a carrier, from other persons in such places and under such conditions as will prevent the direct or indirect conveyance of the infectious agent to non-immune persons.

   By QUARANTINE is meant the limitation of freedom of movement of any person or animal who is sick with, or has been exposed to, a communicable disease and of all persons and objects on premises capable of spreading infection, for the definite period of time as provided for in the rules of the Illinois Department of Public Health.

   However, attending physicians, ministers of the gospel, local and state health authorities and their authorized representatives, visiting nurses properly trained in the control of communicable diseases (See Chapter VI—"Hospitalization", page 40) and wage earners under special restrictions may enter and leave quarantined premises in the performance of their duties.

2. **MILK, FOODSTUFFS** and other necessary supplies may be delivered to quarantined premises provided that there is no contact between inmates or objects from the quarantined premises and the delivery agent or his equipment or appurtenances.

3. Unless **MILK** is delivered in bottles, the householder shall place a thoroughly clean container (freshly scalded) to receive the milk at some convenient place outside the house, out of reach of dogs or cats. The milkman shall place the milk therein without handling the receiving container. NO MILK BOTTLE, BASKET OR ANY OTHER ARTICLE WHATSOEVER, MAY BE TAKEN OUT OF OR AWAY FROM THE QUARANTINED PREMISES DURING THE PERIOD OF QUARANTINE. Milk bottles shall be sterilized by boiling for fifteen minutes before they are removed from the premises after quarantine is raised.

4. **REMOVAL OF A CASE OR SUSPECTED CASE OR CARRIER OF COMMUNICABLE DISEASE** shall be made by private conveyance, or as otherwise ordered by local or state health authorities, due care being taken to prevent the spread of the disease. The patient shall be quarantined or isolated immediately upon arrival at point of destination for the period of time required by the rules of the Illinois Department of Public Health.

   (a) *Removal within the same health jurisdiction*: Permission of the local or state health authority is to be obtained—also for hospital discharges. However, when discovered in a school or other public building, the patient may be sent immediately to his home or hospital.

(b) *Removal from one health jurisdiction to another within Illinois*: Permission shall be obtained from the local health authorities, from which and to which removal is desired. Notification of such removal, giving the name and address of patient before and after removal, shall be sent immediately therafter to the Illinois Department of Public Health.

(c) *Inter-state removal*: Permission first shall be obtained from the Illinois Department of Public Health and the health authorities of the state from which or to which removal is desired, as well as from the local health authorities.

Q. Who establishes and terminates isolation and quarantine?

A. No one but the local or state health authority or his duly authorized representative.

Q. How long shall a communicable disease be isolated or quarantined?

A. For the minimum period of time required by the rules of the Illinois Department of Public Health covering the disease in question.

Q. Should a "suspected" case of communicable disease be quarantined and the premises placarded?

A. A temporary quarantine and placarding shall be used if the disease in question would require them. All persons living in the household shall observe the quarantine until a diagnosis is made. When a definite diagnosis of a communicable disease has been established, the necessary control measures shall be instituted and the report of such diagnosis shall be made in writing to the local health authorities.

Q. Has the attending physician jurisdiction over isolation and quarantine?

A. The attending physician, unless he is a legally qualified health authority, has no jurisdiction over isolation and quarantine and the termination of either by the attending physician is illegal unless he has been authorized to do so by the local board of health.

Q. When there is a dispute regarding diagnosis, what procedure is to be followed?

A. See Diagnosis, Chapter V, page 36.

Q. Has the local school board authority in determining how soon after isolation or quarantine is terminated the children can again attend school? Is this right vested in the local health authorities?

A. The period of isolation and quarantine is not determined by local health authorities, but by the rules of the Illinois Department of Public Health. Neither is the period of exclusion from school of the patient after recovery and of other children in the family a matter to be determined by the local health authorities. They must observe the minimum requirements set forth in the rules of the Illinois Department of Public Health.

Q. Who shall pay for the expenses of a family under quarantine?

A. All persons able to pay for their own necessities or having credit whereby the same may be obtained are themselves responsible therefor. The township, in counties under 500,000 population, is responsible for necessities, medicines, medical attention, etc. of indigent persons, that is, chronic paupers and those temporarily indigent because their means of livelihood is cut off by isolation or quarantine and because they have no credit. However, persons entitled to relief may not order wherever or whatever they wish but must make their wants known to the supervisor or persons in charge of relief, who must see that their needs are filled.

Q. May the school board exclude children from school?

A. In an opinion rendered by the Attorney General, "The school board of directors may refuse admittance in a school to school children under suspicion of being afflicted with infectious disease, until such children are examined by a competent physician and it is determined from such examination that they are free from an infectious or communicable disease."

Q. If a person refuses to be examined for the presence of contagious disease, when said disease is suspected of existing in the school, has the health officer a right to exclude that person from school?

A. If the health officer has reasonable grounds for believing that a pupil, who refuses to submit to examination, is afflicted with a contagious disease, he may temporarily exclude such pupil from the schools until his condition can be ascertained; but such action should not be taken on mere suspicion or assumption, unsupported by any reasonable or probable cause for such belief.

Q. Should schools be closed when a case of communicable disease occurs in the schoolroom?

A. Schools should not be closed except in the event of a great emergency and then only after the approval of the Illinois Department of Public Health for such closing has been obtained. When schools are closed, a supplementary order should be issued by the local health authority requiring that all children attending the school in question shall remain upon their own premises. It would not be good public health procedure to close the school and permit the pupils to mingle on the streets or in public or private gatherings.

QUARANTINE OF STORE OR PLACE OF BUSINESS

Whenever a case of amebiasis (amebic dysentery), bacillary or other infective types of dysentery, scarlet fever, diphtheria, typhoid fever, paratyphoid fever, meningitis (cerebrospinal fever meningococcus), poliomyelitis, streptococcus (septic) sore throat, (hemolytic streptococcus sore throat) or smallpox occurs on premises connected with any store or place of business, such store or place of business shall be quarantined until the case is

terminated by removal, recovery or death; provided, however that if the premises are so constructed that the part in which the case is confined can be and is effectively sealed from the store or place of business, under the supervision of the local health authority, and provided that the employees and all other persons connected with the store or place of business leave said premises to live at some other address during period of quarantine and do not again enter premises where the case is quarantined and do not come in contact with the patient, attendant, or any article whatsoever from the quarantined premises, such store or place of business may be conducted as usual.

HOSPITALIZATION OF COMMUNICABLE DISEASES IN GENERAL HOSPITALS

In order that general hospitals may avail themselves of the privilege of caring for communicable disease patients under the rules prescribed by the Illinois Department of Public Health, it will be necessary that the nurses caring for such patients shall be graduate or senior nurses and shall have had special training in the care of communicable diseases equal to the special courses in such training given by the Chicago Municipal Contagious Disease Hospital or the Cook County Hospital. In addition, such nurses shall be immunized against or immune to the disease in question.

Communicable disease patients may be cared for by general floor nurses in rooms or cubicles in general hospitals; provided, they are attended by graduate or senior nurses, who have had special training in the care of such patients, as provided for above. (For concurrent disinfection required, see pages 46, 47.) If general floor nurses have not had special training in the care of communicable diseases, the patient shall be isolated in a separate room or rooms with private bath and toilet attached and shall be cared for by a private nurse or nurses isolated with the patient. Such nurses may be permitted to take "hours off", except in the case of erysipelas, scarlet fever, diphtheria, meningitis (cerebrospinal fever meningococcus), and poliomyelitis, such nurse shall not come in contact with children nor frequent places of public assembly.

A person in or entering a general hospital with a suspected communicable disease shall be isolated in a private room and shall be subject to all rules and regulations of the Illinois Department of Public Health applicable to that disease until such time as a definite diagnosis is made.

A white placard reading, "Quarantine, Keep Out", shall be posted on the doors of the isolated rooms.

(For special rules for certain diseases, see pages 41-43.)

Chickenpox
Encephalitis, (a) acute
(b) lethargic
Lymphocytic chorio meningitis
***Measles**
Meningitis (cerebrospinal fever meningococcus)
Mumps
****Poliomyelitis, acute anterior**
Whooping cough

The above may be hospitalized in wards, where there are only cases of the disease in question, or shall be isolated from other patients in cubicles or rooms. Cases of measles shall be attended by general floor nurses, who are immune by an attack.

Diphtheria cases and carriers **Scarlet fever**

Shall be hospitalized in a separate room or in a cubicle with walls extending from the floor to the ceiling. Nurses attending cases or carriers of *diphtheria* shall be cultured weekly and those, who are Shick positive, shall be immunized or removed from attendance. General floor nurses may care for a case of *scarlet fever* provided they are immune; however, they shall not nurse or come in contact with obstetrical, surgical, pneumonia or measles cases while caring for a case of scarlet fever or for one week following termination of such nursing service.

Erysipelas

Shall be hospitalized in a separate room with a private nurse or else in a ward used exclusively for erysipelas patients. General floor nurses shall not nurse or come in contact with obstetrical, surgical, pneumonia or measles cases while caring for a case of erysipelas or for one week following termination of such nursing service.

Malaria **Dengue**

May be hospitalized in a ward; however, the ward or room shall be properly screened.

Pneumonia

(a) Shall not be treated in a general ward of a hospital, except when no other adequate quarters are available, they may be treated in cubicles in wards.

(b) Shall not occupy beds within ten feet of cases of heart disease, rickets, Bright's disease or other conditions, which lower the resistance to pneumonia.

(c) Shall not occupy beds in same ward with persons awaiting operation or who have been recently operated upon.

(d) Persons convalescent from pneumonia shall not be allowed to visit or be visited by other patients, nor to expose those convalescing from other diseases.

(e) Patients with acute coryza, sore throat or bronchitis should not be operated upon under general anaesthesia except in cases of emergency, nor should others so affected participate in operations.

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* Hospitalization of measles cases should be discouraged.

** If case cannot be properly cared for in the home and if a general hospital does not have nurses specially trained in the care of communicable diseases, patient may be cared for by senior or graduate floor nurses, using strict isolation technique.

(f) Whenever an unusual number of cases of pneumonia developes in any hospital or institution, all persons in contact with the patient shall be cultured for pneumococci and nearly related organisms and when such organisms are found they should be typed. Persons found to be carriers of such organisms shall not be permitted to come in contact with patients suffering from measles, whooping cough, etc.

(g) Whenever the patients or the personnel of a hospital develop an unusual number of cases of acute coryza, sore throat, cough or bronchitis, a report of the fact shall be made to the local health authority.

Cases and Carriers of

Amebiasis (amebic dysentery)
Bacillary and other infective types of dysentery
Paratyphoid Fever
Typhoid Fever

(a) May be cared for in general and semi-private wards of hospitals, as well as in private rooms attended by general floor nurses; provided, they have had special training in care of same and that the local health department has assured itself that all requirements are being met and has given permission for such ward and semi-private room nursing. All internes, nurses and employees in attendance on cases or carriers of typhoid or paratyphoid fever shall have had protective immunization against typhoid and paratyphoid fever within two years. The local health department shall make certain that the hands of attendants are kept clean and properly disinfected, that the food is protected and the excreta is made safe and flies are excluded. If the nurse or attendant comes in contact with general cases at time of caring for one of the above-mentioned diseases, she shall wear special gown and gloves. Upon completion of her duties, she shall immediately sterilize the gloves, and the gown folded inside in shall be hung by the shoulders on a hook. (The inside of the gown is uncontaminated, the outside contaminated.) When the gown is to be worn again, she shall slip her hands (palms together) between the back hems of the gown and grasp the inside of the gown. Then, remove the gown from the hook and force the hands through the sleeves and cuffs of the gown. The nurse's hands must not touch the outside of the gown during the procedure.

(b) Only *immediate relatives* may visit patients and they shall conform to all hospital regulations. However, only those who have been immunized against typhoid or paratyphoid fever (as the case may be) within two years, shall be permited to visit a typhoid or paratyphoid patient.

Visitors shall not touch the patient or handle any article in the room during the time of visit. They shall on leaving the room wash their hands with green soap and hot water. If articles are taken into the sick room for the patient, such articles shall remain in patient's room until case is terminated and then shall not be removed until properly disinfected.

(c) Cases shall not be removed or discharged from any hospital without the consent of the local health authorities or the Illinois Department of Public Health.

(d) If there is failure to obtain the required negative terminal specimens on a convalescent case of *amebiasis, bacillary and other infective types of dysentery*, patient may be removed to his home and there isolated or controlled according to the rules for the disease in question.

(e) If there is failure to obtain the required negative terminal specimens on a convalescent case of *typhoid or paratyphoid fever*, patient may be removed to his home and there isolated and the home placarded, when in the opinion of the local health authorities the occupants of the home and the public generally are not endangered by such removal; provided, all home contacts are vaccinated against typhoid or paratyphoid fever (as the case may be). With written permission of the local health authority, patient also may be returned home before specimens for release are submitted, if all contacts in the home have been immunized and provided the patient is quarantined at home until properly released by negative specimens as is required by the rules governing release of typhoid and paratyphoid fever cases. See page 104, Rules 1 and 2.

RESTRICTIONS ON PRIVATE DUTY NURSES CARING FOR CASES OF ERYSIPELAS, DIPHTHERIA AND SCARLET FEVER

Any private duty nurse, who has attended a case of diphtheria or scarlet fever either in a hospital or private home, shall not accept another case until it is definitely proven that she is not a carrier of the causative organism of the disease in question. If cultures are not taken, she shall not accept another case until one week has elapsed after she has terminated her services on the scarlet fever or diphtheria case.

A private duty nurse, who has been nursing a case of erysipelas, shall not nurse an obstetrical, surgical, pneumonia or measles case until after one week following termination of such nursing service.

CONTROL OF MILK AND MILK PRODUCTS OR OTHER FOODSTUFFS

Amebiasis, (amebic dysentery)
Diphtheria
Dysentery, bacillary and other infective types
**Meningitis (cerebrospinal fever meningococcus)
Paratyphoid fever
Poliomyelitis, acute anterior
Scarlet fever
Smallpox
Streptococcus (septic) sore throat
(Hemolytic streptococcus sore throat)
*Tuberculosis, "open case"
Typhoid fever
*Undulant and Malta fever

Whenever a case or suspected case or carrier of one of the above mentioned diseases exists in a home of a distributor or on any farm or dairy producing milk, cream, butter, cheese, or other foods likely to be consumed raw, no such foods shall be sold, exchanged, removed or distributed from such home, farm or dairy, (whether the cows remain on the quarantined farm or are moved to another farm) except under the following conditions:

1. All milk and cream produced on the farm shall be sent to a pasteurizing plant—otherwise it cannot be shipped.

2. The herd, the workers, the food product, the utensils, etc., must have no contact, direct or indirect, with the patient, the premises, those residing on the premises, articles or utensils on the premises, or farm facilities such as water supplies and waste disposals used by those continuing to reside on the premises. This can be accomplished in two ways:

   (a) A food handler's permit, furnished by the Illinois Department of Public Health shall be signed by the person or persons, who will handle production during the illness, and shall be counter-signed by the health authority having jurisdiction, stating that he will make weekly inspections of the premises in question to see that regulations are observed.

   (b) A neighbor or tenant farmer, who has not been in contact with the patient and who continues to reside off the premises, may take care of the milk or food production providing he observes the above restrictions.

   (c) A home contact, with permission of the local health authority, may be removed to other premises in accordance with the rules for the disease in question. If he can furnish proof of immunity and the required number of negative laboratory reports for the disease in question, he may take care of the milk or food production from his new residence under the restrictions outlined above. How-

* Provided, however, that when a case of "open" tuberculosis, undulant or Malta fever exists on such premises, contacts in the home may continue their usual occupation and need not be removed to other premises provided the case is properly isolated and they do not come in contact with the case or his excretions.
** And other meningitis until etiology has been established.

ever, if he cannot furnish unquestionable proof of immunity, he shall not participate in the production of such products until the incubation period since last exposure has elapsed and then not until after a physical examination by a physician, who certifies that he has no evidence of the disease in question and in those diseases where laboratory examination is required, the specified number of negative laboratory reports from state or approved laboratories shall be submitted. If there is any violation of these rules, removal of milk, etc., shall be stopped immediately by the local health officer having jurisdiction and the violators shall be prosecuted.

3. The patient after recovery shall not assist in such dairy or food production except as permitted by regulations for the disease in question.
4. Pasteurization shall be continued for one week after all foregoing restrictions have ceased to apply.
5. When in the judgment of local or state health authorities, there is an outbreak of any of the above diseases suspected of being caused by milk, they shall require temporarily that all milk be pasteurized in that community.
6. Milk shall not be distributed in Illinois from a quarantined farm or dairy in other states unless the provisions of the Illinois Department of Public Health have been observed.

CHAPTER VII

DISINFECTION

A. **CONCURRENT DISINFECTION:** When the word "concurrent" is used as qualifying disinfection, it indicates the application of disinfection immediately after the discharge of infectious material from the body of an infected person or after the soiling of articles with some infectious discharges, all personal contact with such discharges or articles being prevented prior to their disinfection.

If the spread of contagion is to be prevented from the patient ill with the disease, measures of disinfection must be persistently carried out from the onset of the first symptoms until the termination of infectiousness. Concurrent disinfection, or disinfection during the course of the disease, shall be carried out as follows:

1. *Normal and abnormal discharges from the eyes, ears, nose, throat, skin lesions* and *glands* shall be disinfected by being collected in bits of cloth, cotton, or paper and *burned at once.*
2. In handling *body discharges* and other *infected materials* the attendant shall avoid touching or allowing any object, which is not to be immediately disinfected, to touch the infected surfaces. For example, towels and bedclothes shall be gathered up with the infected side in and handled by the relatively non-infected corners and edges. They should not be put down until deposited in the boiler or other vessel in which they are to be disinfected.
3. The *water* after being used *to bathe the patient* shall be boiled or disinfected by adding a 5% carbolic acid or cresol solution or other disinfectant solution of equal strength after use.
4. *Bedclothes, pillow slips, sheets, nightgowns, towels, washcloths* or any other cloth or clothing of similar kind shall be disinfected by a 5% carbolic acid or cresol solution or by being *boiled* with soap and water for fifteen minutes before leaving the quarantined premises. Clothes permitted by local authorities to be sent to a laundry shall be treated as above.
5. *Dishes, glassware, knives, forks, spoons or any utensils* used in feeding the patient shall be placed in a 5% carbolic acid or cresol solution or other fluid of equal disinfectant value for at least one hour before leaving the sick room. They shall be *washed* and *boiled* and shall not be used by other members of the family but shall be set aside for the use of the patient only.
6. *Food* from the sick room shall never be eaten by anyone but shall be collected and burned at once.

7. *Thermometers, rectal tubes, douche nozzles, etc.*, shall be *washed* clean with soap and water after each use and shall be kept immersed in 10% formalin or other approved disinfectant when not in use, after which procedure they may be removed from the sick room.
8. To disinfect *bowel and bladder discharges*, add a 5% solution of carbolic acid or cresol* or other disinfectant solution of equal strength and stir the mixture until all parts have been thoroughly mixed with the disinfecting agent. This mixture shall be allowed to stand, protected from flies, for thirty minutes before being discharged into a sewer or privy vault. Solid stool shall have one pint of water added and be thoroughly stirred until the stool assumes a liquid character and all lumps broken and then treated as previously described in this paragraph.
9. *Bed pans* and *urinals* shall be thoroughly cleaned after each time used and rinsed out and left containing a small amount of dry chloride of lime. Sufficient chloride of lime shall be left in the receptacles so that the chlorine will be repugnant to flies. These receptacles also shall be kept screened, away from flies.
10. *All persons* on leaving the room shall *scrub* their *hands* thoroughly with soap and water.
11. *Washable gowns* shall be worn by the nurse and shall be removed just prior to leaving the room.

B. **TERMINAL DISINFECTION:** When the word "terminal" is used as qualifying disinfection, it indicates the process of rendering the personal clothing and immediate physical environment of the patient free from the possibility of conveying the infection to others at the time when the patient is no longer a source of infection.

Terminal disinfection is required in most cases of communicable diseases but in no case is it as important as concurrent disinfection. In those diseases in which terminal disinfection is necessary just prior to the removal of the quarantine placard, the health officer shall assure himself that all infected articles in the household have been rendered free from the infectious agent of the disease.

1. Bedsteads, chairs, tables, floors, doors, woodwork, windows, etc., shall be scrubbed with soap and hot water.
2. All bedclothes, sheets, towels and other washable articles shall be thoroughly boiled.
3. Clothing, which cannot be boiled, and mattresses and pillows shall be placed out of doors in the sunlight and air for at least twenty-four hours.

* One part cresol and 200 parts water shall be used in cases and carriers of amebiasis.

4. Milk bottles or food containers shall be boiled for fifteen minutes before they are returned to the dairyman or grocer.
5. Very *badly soiled library* and *school books* from the quarantined premises shall be destroyed. Others may be cleaned and sunned for one day and shall not be used or handled for a period of four weeks, after which time they may be returned to use.
6. *Sick room* and *contents* shall be thoroughly sunned and aired for at least one day.

C. **APPROVED SOLUTIONS FOR DISINFECTION:** Formalin, 5%; Cresol, 2%; or other chemical solutions having a disinfecting strength equal to 5% phenol (carbolic acid).

To make 5% Solutions: Add 6½ drams (teaspoonfuls) to 1 pint of water.
Add 13 drams (teaspoonfuls) to 1 quart of water.
Add 6½ ounces (13 tablespoonfuls) to 1 gallon of water.

For 10% Solutions: Use twice the quantity of disinfectant used to make a 5% solution to the stated amount of water.

For 2% Solutions: (Cresols): Use five teaspoonfuls to the quart of water.

Milk of Lime: Slake a quart of freshly burnt lime with a pint and a half of water. Shortly before it is to be used mix a quantity of the powdered slaked lime with four times its bulk of water. The lime will settle and must be well mixed before using. Neither slaked lime nor the milk of lime must be allowed to stand longer than three or four days. It shall be kept covered with a tight cover.

Chlorinated Lime: (Chloride of Lime): Add six ounces to the gallon of water. This is approximately a 5% solution.

Q. Who shall pay for disinfection after termination of quarantine?

A. This is a matter not governed directly either by statute or the rules of the Illinois Department of Public Health. Disinfection of the premises after cases of certain communicable diseases is required of the local health authorities by the rules of the Illinois Department of Public Health and can be performed only by them, by their direction or by their authorization. It is an official act performed for the protection of the public health and not primarily for the benefit of the individual, whose home is disinfected, and the charge, therefore, will naturally fall upon the health jurisdiction, that is, the city or village if the disinfected building is located within the limits of a municipality and the township or precinct if the building is outside the corporate limits. The local health authorities need not recognize unauthorized disinfection and cannot be held responsible for the cost thereof.

CHAPTER VIII

PLACARDING

1. **PLACARDING OF PREMISES:** Whenever the rules of the Illinois Department of Public Health require that a case of communicable disease be placarded, the local health authorities shall be guided by each specific rule relative to the placarding of case, contact and carrier. The placard shall be affixed in a conspicuous place at each outside entrance of premises. (See page 31 for definition of premises.)

2. **DISEASES TO BE PLACARDED:**

Anthrax	**Plague**
Cholera (Asiatic)	**Poliomyelitis, acute anterior**
Diphtheria, cases and carriers	**Psittacosis**
Dysentery, (bacillary and other infective types)	**Scarlet fever**
Meningitis (cerebrospinal fever meningococcus)	**Smallpox**
Paratyphoid fever	**Typhoid fever**
	Typhus fever
	Whooping cough

And

Cases of amebiasis (amebic dysentery), "open" tuberculosis and venereal diseases and *carriers* of amebiasis, bacillary and other infective types of dysentery, and typhoid and paratyphoid fever shall be placarded when rules and regulations are not observed.

3. **PLACARDS** shall not be less than six by ten inches in size on which shall be printed in black with bold-face type not less than 1½" in height the name of the disease, and the words, "KEEP OUT", in similar type not less than one inch in height. At the bottom of the card shall appear the words in small type, "All persons who violate these rules subject themselves to a fine of not to exceed $200.00 for each offense, or imprisonment in the county jail not to exceed six months, or both." In those cases reported as "suspects" where the rules require that the case be quarantined, the placard shall bear the words, "QUARANTINE", "KEEP OUT". When a diagnosis is made, this placard shall be replaced by the proper placard for the disease in question in accordance with the rules governing such disease.

Home contacts, who have been removed from the quarantined premises and other persons who have been in close and long continued contact with a case or carrier of communicable disease which is required to be placarded, shall be quarantined as contacts for the incubation period of time required by the specific disease in question, the placard bearing the words, "QUARANTINE, KEEP OUT".

These warning placards shall not be concealed from public view, shall not be mutilated or defaced and shall remain posted on the quarantined premises until removed by the local or state health authorities.

(The state does not furnish quarantine placards, but the local health authorities can obtain them from the local printer or from some other printing company, such placards conforming in size and wording with the specifications of the Illinois Department of Public Health. See page 49.)

4. **PLACARDING IN HOSPITALS:** A white placard six by ten inches in size shall be posted on the doors of the isolated rooms reading, "QUARANTINE, KEEP OUT".

CHAPTER IX

CONDUCT OF FUNERALS WHEN DEATHS OCCUR FROM COMMUNICABLE DISEASES

1. PREPARATION OF BODY WHEN DEATH OCCURS FROM A COMMUNICABLE DISEASE

The body of the deceased shall be embalmed with an approved disinfecting fluid* by arterial and cavity injection, all orifices shall be closed with absorbent cotton, the body shall be washed with an approved disinfecting fluid and placed at once in the casket, which shall be tightly closed and shall not be opened under any pretext whatsoever. If an autopsy is to be held, embalming may be deferred for ten hours for the autopsy.

The casket may be provided with a plate of glass of sufficient dimensions to disclose the face, but this plate shall be tightly closed and not opened under any pretext whatsoever.

Embalming and other preparation of the body must be done by a licensed embalmer holding a license as such, issued by the Illinois State Board of Health, or if issued subsequent to June 30, 1917, by the State Department of Registration and Education.

In cities and villages with local ordinance governing the burying of the dead or requiring a licensed undertaker for the conduct of funerals, said ordinances and any rules of the local health authorities in effect relative to funerals, when deaths occur from communicable diseases, shall apply; *provided, however*, that the rules of the Illinois Department of Public Health shall govern as minimum requirements.

2. FLOWERS

May be taken to the cemetery from quarantined premises but may not be distributed to hospitals, churches, etc., nor to other sick or well persons.

3. PRIVATE FUNERALS

Private or restricted funerals are services conducted at the home of the deceased and at the grave and attended only by members of the family and persons necessary for the conduct of the funeral—all subject to the regulations for the control of contacts for the disease in question. No private funeral shall be held in a church, chapel, morgue or similar public place.

Private funerals shall be held when deaths occur from smallpox, psittacosis, plague, yellow fever and cholera. Only successfully vaccinated persons whose attendance is necessary for the conduct of the funeral shall be permitted to enter the premises where the smallpox death occurred.

* Section 2, par. 379, Ill. Statutes: "No undertaker or other person shall embalm with, inject into, or place upon, any dead human body, any fluid or preparation of any kind which contains arsenic or strychnine."

4. PUBLIC FUNERALS

Public funerals may be held in the home, church, chapel, morgue or similar public place and attended by the public without restrictions in all communicable diseases* except in those diseases listed under "Private Funerals" and those listed as follows:

Bacillary dysentery
Diphtheria
Measles
Meningitis (cerebrospinal fever meningococcus)
Poliomyelitis, acute anterior
Streptococcus (septic) sore throat (Hemolytic streptococcus sore throat)
Scarlet fever
Typhoid and paratyphoid fever
Typhus fever
Whooping cough

When death occurs in the home or hospital from one of the above-listed diseases, public funerals shall not be held from residence of the deceased but may be held from a church, chapel, funeral home, morgue or at the grave with restrictions on home contacts and other exposures of the deceased, provided that if the deceased died from any of the aforesaid diseases in a hospital and was in the hospital for a period** of time corresponding with the incubation period of the diseases in question; all susceptible or non-immune contacts in the home having served their incubation period from date of last exposure, and by physical examination and, where possible, determined by laboratory tests that they are not ill or carriers of the causative organism of the disease in question and the quarantine on the home has been terminated; the local health authorities then may grant permission for the holding of the funeral from the residence of the deceased.

Attendance at Funeral—Restrictions on Contacts: Adults and children who are contacts to the disease in question and who are restricted from attending the funeral, if public, after a bath and change to clean clothing, may follow the remains to the grave in a closed car, provided they do not leave the car nor come in contact with any person en route or at the cemetery. They shall return immediately to their home and the car shall be subjected to the usual disinfection procedures after use. The following restrictions shall be observed for the disease in question:

Diphtheria: The funeral shall not be attended by any person, who was in close contact with the case or who comes from the infected premises, unless these contacts have been proven not to be carriers by negative nose and throat culture. In addition, they shall take a bath and change to clean clothing, which has not been contaminated.

Bacillary dysentery, typhoid and paratyphoid fevers: Public funerals may be held from the residence of the deceased, if upon a careful epidemiological investigation it has been proven that the source of infection was found to be outside of the home; that no other members are ill; that all contacts living in the home have been proven not to be carriers of the disease in question and that the family shall agree that no food shall be served in the home to visitors at any time

* See page 33 for diseases. Chickenpox shall be investigated to rule out smallpox, and German measles shall be investigated to rule out scarlet fever.
** See page 57.

between the death of the patient and the burial. If the family will not agree to the foregoing requirements, then the funeral cannot be held from the home. Local health authorities shall be responsible for any violation of these regulations.

Measles and Whooping cough: If all children in the home have had the disease in question at some previous date and can prove their immunity, a public funeral may be held from the residence; however, where there are any non-immune children in the home, the funeral may not be held from the residence.

Meningitis—(Cerebrospinal fever meningococcus): Adults, who have not been in close contact with case during illness of deceased, after a bath and change to clean clothing, which has not been contaminated, may go to church or other public place, where funeral services are held. Adults, who have been in contact with the case, and children shall not be permitted to go to church or other public place, where funeral services are held.

Poliomyelitis, acute anterior: Adults, who were in contact with the deceased, after a soap and water bath and change to clean clothing, which has not been contaminated, may be permitted by the local health authorities to attend a funeral held from the church, chapel, funeral home, morgue, or at the grave. Children shall not be permitted to go to church or other public place, where funeral services are held.

Scarlet fever: The funeral shall not be attended by any person, who was in close contact with the case or who comes from the infected premises, unless they can prove their immunity. In addition, they shall take a bath and change to clean clothing, which has not been contaminated.

Streptococcus (septic) sore throat: When death occurs from hemolytic streptococcus, septic sore throat, or other infectious sore throat in a home, restrictions shall be placed on gatherings in the home for one week following such death and public funerals shall not be held from such home.

OFFICIAL RULES GOVERNING THE TRANSPORTATION OF THE DEAD IN ILLINOIS BY COMMON CARRIER

(By Sections 9 and 11 of the Vital Statistics Act, an Illinois Burial or Removal Permit, Form V. S. No. 9, is always required.)

Based on an Act to Create and Establish a Board of Health in the State of Illinois, in force July 1, 1877, as amended by an Act in force July 1, 1907; on An Act to Provide for the Registration of all Births, Stillbirths and Deaths in the State of Illinois, in force July 1, 1915, and on an Act in Relation to the Civil Administration of the State Government, and to repeal certain Acts therein named, in force July 1, 1917.

TO THE HEALTH AUTHORITIES, TRANSPORTATION OFFICIALS, UNDERTAKERS, EMBALMERS, AND OTHERS WHOM IT MAY CONCERN:

The following rules governing the transportation of dead bodies in Illinois, adopted by the Illinois State Board of Health on December 16, 1914, and amended June 23, 1915, were amended and reaffirmed by the State Department of Public Health on July 1, 1917, and further amended on October 1, 1917, June 1, 1918, July 12, 1927, January 29, 1929, April 8, 1929, February 15, 1931, April 30, 1935, and October 1, 1941.

RULE 1.—No dead human body shall be transported by common carrier in Illinois unless accompanied by a Transit Permit issued by the proper registration official (a local registrar), and every dead body so transported also shall be accompanied by a person in charge (an escort who shall be provided with a passage ticket for self and a full first-class ticket marked "corpse" for transportation of the body).

The Illinois Transit Permit shall set forth at least the following data: (a) A certified copy of the following data from the death certificate: name of deceased, sex, age, color, place of death, date of death, cause of death, name of medical attendant or coroner, address of attendant or coroner; same to be certified by the Local Registrar with whom the original certificate of death has been filed. (b) A permit for removal setting forth at least the following: name of person to whom permit is granted, residence of said person, number of embalmer's license held by said person, name of decedent, place from which body is to be moved, place to which body is to be moved, name of cemetery or other place in which body is to be buried or otherwise disposed of, whether disease causing death is a communicable or non-communicable disease; all of which shall be over the signature of the Local Registrar with whom the original certificate of death has been filed. It is further required that when the disease causing death is a communicable disease, the permit shall be approved (countersigned) by the local health official at the place where the death occurred. The name of the person (escort) who will accompany the body to its destination shall also be stated in this section.

Attached to the Illinois Transit Permit, there shall be a Transit Label which shall set forth at least the following: (a) the undertaker's certificate certifying on oath that the body of the decedent therein named has been prepared by the certifying undertaker in strict accordance with the Rules Governing the Transportation of Dead Human Bodies in Illinois and giving the name of persons to

whom the body is consigned, the address of the consignee, the cause of death, whether the disease causing death is a communicable or non-communicable disease, date of death, place of death, number of the license held by the certifying undertaker, the signature and address of the undertaker, all of which shall be duly sworn to before a Notary Public; (b) the route and description of ticket, all of the data therein called for to be inserted by the station baggageman to whom the body accompanied by the transit permit is presented for transportation.

The baggageman shall then detach the Transit Permit from the Transit Label, turning the former over to the person who will accompany the corpse to its destination and attaching the latter (the Transit Label) securely to the end of the coffin box.

Provided, that when a body is to be transported by common carrier from any city in Illinois to a cemetery within or immediately adjacent to such city, a transit permit will not be required, but in any such case a body shall not be accepted for transportation by common carriers unless accompanied by a burial permit issued by the Local Registrar of the place where the death occurred or the body was found.

When a body is shipped in Illinois by express and without escort, the Transit Label shall be securely attached to the end of the coffin box and the Transit Permit shall be attached to and accompany the express way-bill covering the remains and upon arrival at destination of the body the Transit Permit shall be delivered with the body to the person to whom the body is consigned.

RULE 2.—The transportation in Illinois of the dead from smallpox, streptococcus (septic) sore throat, diphtheria, (diphtheretic sore throat, membranous croup), scarlet fever (scarlatina, scarlet rash, Duke's disease), poliomyelitis (infantile paralysis), meningitis (cerebrospinal fever meningococcus), plague, Asiatic cholera, typhus fever, anthrax, Rocky Mountain spotted fever, leprosy and tetanus, shall be permitted only under the following conditions:

The body shall be thoroughly embalmed with an approved disinfecting fluid by arterial and cavity injection; all orifices shall be closed with absorbent cotton, the body shall be washed with an approved disinfecting fluid and placed at once in the coffin or casket, which shall be immediately closed. Embalming and other preparation must be done by a licensed embalmer holding a license as such issued by the Illinois State Board of Health, or, if issued subsequent to June 30, 1917, by the State Department of Registration and Education.

If the body is prepared as above provided, the coffin or casket may be provided with a plate of glass of sufficient dimensions to disclose the face, but the coffin or casket shall not be opened under any pretext whatsoever.

In all cases where bodies are forwarded under Rule 2, notice must be sent by telegraph by the shipping embalmer to the health officer, or when there is no health officer to other competent authorities, at destination, advising the date and train, if shipped by common carrier, on which the body may be expected. The coffin or casket shall not be opened after reaching its destination. (As amended June 1, 1918, also revised and amended February 15, 1931, April 30, 1935 and October 1, 1941.)

RULE 3.—The transportation in Illinois of bodies dead of any disease other than those mentioned in Rule 2 shall be permitted under the following conditions:

(a) When the destination can be reached within twenty-four hours after death, the coffin or casket shall be encased in a strong outer box made of good sound lumber not less than seven-eighths of an inch thick, all joints must be tongued and grooved, top and bottom, put on with cleats or cross pieces, all put securely together.

(b) When the destination cannot be reached within twenty-four hours after death, the body shall be thoroughly embalmed by a licensed embalmer holding a license as such issued by the State Board of Health or, if issued subsequent to June 30, 1917, by the State Department of Registration and Education, and the coffin or casket placed in an outside case constructed as provided in paragraph (a) Rule 3.

(c) All bodies of persons dead in Illinois from disease not enumerated in Rule 2, and which are to be transported by railroad from the State and County Institutions at Dunning or Oak Forest to Chicago, shall be accepted for transportation when such bodies are wrapped in sheets saturated with a solution of bichloride of mercury in the strength of an ounce of bichloride of mercury to the gallon of water, and enclosed in strong cases of air-tight and water-tight construction. There shall be no transfer of the dead body from such case to a casket or coffin or other container, while in transit, in any railway car, station, baggage or express room, or in any place where there may be exposure to the public. The case referred to in this paragraph, after the body has been removed therefrom, shall be thoroughly washed or disinfected with a solution of bichloride of mercury in the strength of one ounce of bichloride of mercury to the gallon of water, and shall not be used again for any purpose other than as an outer case for interment in a Chicago cemetery. Railways shall not receive the box referred to in this paragraph unless the requirements herein set forth have been strictly complied with.

RULE 4.—Shipping of disinterred bodies in Illinois shall, so far as possible, conform to the rules on the transportation of the dead.

The casket or other container must be sufficiently tight to prevent the escape of fluids or offensive odors.

Disinterment permits and re-interment permits must first be obtained from the Local Registrar at the place of disinterment.

RULE 5.—The outside case may be omitted in all instances when the coffin or casket is transported in hearse or undertaker's wagon in Illinois.

RULE 6.—Every outside case shall bear at least four handles, and when over 5 feet 6 inches in length, shall have six handles.

RULE 7.—In the transportation in or through Illinois of bodies shipped from points outside of Illinois, transportation officials will be governed by the Official Rules of the State Department of Public Health which are based on rules adopted by the Conference of State and Provincial Boards of Health of North America.

Before selling tickets, railroad agents shall carefully examine the transit permit and note the name of the passenger in charge, and of any other person proposing to accompany the body and shall see that all requirements have been complied with. The transit permit in such cases shall specifically state who is authorized by the registration official to accompany the remains. In all cases where bodies are forwarded in accordance with Rule 2, notice must be sent by telegraph by the shipping embalmer to the health officer, or when there is no health officer, to other competent authority at destination, advising the date and train on which the body may be expected.

RULE 8.—An approved disinfectant fluid for embalming purposes in Illinois shall contain not less than five per cent of formaldehyde gas. The term "embalming" as employed in these rules shall require the injection, by licensed embalmers, of not less than ten per cent of the body weight, injected arterially in addition to cavity injection and twelve hours shall elapse between the time of embalming and the shipment of the body.

RULE 9.—All rules and parts of rules conflicting with these rules are hereby repealed.

The foregoing rules, having been adopted by the State Department of Public Health of the State of Illinois and ordered published, have the force and validity of law on and after October 1, 1941, by virtue of the authority vested in said State Department of Public Health by Section 22, Chapter 111½, Smith-Hurd Illinois Revised Statutes (1941).

Under the provisions of said section and of the Administrative Code, the State Department of Public Health has "the general supervision of the interest of the health and lives of the people of the State," and is empowered "to make such rules and regulations" as it "may from time to time deem necessary for the preservation and improvement of the public health," and it shall be the duty of all police officers, sheriffs, constables and all other officers and employees of the State to enforce such Rules and Regulations.

By order of

ROLAND R. CROSS, M. D., Director.

Springfield, Illinois, Approved October 1, 1941.

TRANSPORTATION BY HEARSE, UNDERTAKER'S SERVICE WAGON OR OTHER PRIVATE CONVEYANCE

1. Every dead body transported by other than common carrier must be accompanied by a properly executed Burial or Removal Permit, Form V.S. No. 9. In case death is caused by a communicable disease mentioned in Rule 2, of the official rules, page 54, or if body is transported beyond the boundary line of the county, where death occurred and into any other county in Illinois, the Burial or Removal Permit must be countersigned by the local health authority as provided for. Such permit, when issued by any Illinois local deputy or sub-registrar, is sufficient for transportation (except by common carrier) and for burial, etc., in any part of Illinois.

NOTE TO UNDERTAKERS: If shipment is to be made outside of state, undertakers must observe rules and regulations of states through which and to which shipment is made.

Bodies of persons dead in Illinois from other diseases than those enumerated in Rule 2, Form V. S. 11 (see page 54) shall comply with the restrictions governing transportation as enumerated on Form V. S. 11, pages 53-55.

DISINTERMENT AND REINTERMENT OF BODIES DEAD FROM COMMUNICABLE DISEASES

When a body is to be disinterred and reinterred in the same cemetery, or when a body is to be reinterred within the same Registration District or in another Registration District within the State or out of the State, the casket or other container shall be sufficiently tight to prevent the escape of fluids and offensive odors, and disinterment permits and reinterment permits shall first be obtained from the Local Registrar at the place of disinterment. Where disinterred bodies are shipped, they shall conform to the rules for the transportation of the dead, Rule 2, page 54.

DETAILED PROCEDURE FOR THE ADMINISTRATIVE CONTROL OF COMMUNICABLE DISEASES

INCUBATION PERIOD OF COMMUNICABLE DISEASES

Disease	Number of days
Diphtheria	7
German measles	14 to 21
Meningitis (cerebrospinal fever meningococcus)	10
Measles	14
Poliomyelitis, acute anterior	14
Scarlet fever	7
Smallpox	16
Typhoid and paratyphoid fever	14
Whooping cough	10

ACTINOMYCOSIS

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to the local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* Shall be investigated by the local health authority. See Chapter V, pages 35, 36.
3. *Premises* need not be placarded, nor is isolation required.
4. *Removal* of patient, see pages 37, 38.
5. *Concurrent disinfection* is required. See pages 46, 47. *Terminal disinfection* is not required.

Control of Contacts:

1. No restrictions on contacts.

General Measures:

1. Do not chew straws, grains, grasses. Observe oral hygiene.
2. Inspection of meat, with condemnation of infected carcasses or infected portions.
3. Destroy known animal sources of infection.
4. Advise attendant and others that nasal and bowel discharges and uncooked meats may be source of infection.

AMEBIASIS (Amebic Dysentery)

(The following rules and regulations apply to cases, suspected cases or carriers, whether the case be amebic dysentery, or amebic abscess of the liver, or other manifestations of gastro-intestinal amebiasis.)

Control of Case:

1. *Definition:* A "suspected case" is any person who has the clinical symptoms indicative of amebic infection but in whom cysts or trophozoites of E. histolytica have not been demonstrated.

   A "case" is any person, who has the clinical symptoms indicative of amebic infection and in whom laboratory tests approved by the Illinois Department of Public Health show the presence of E. histolytica.

   A "carrier" is any person, who has never shown symptoms of amebiasis and is found by laboratory examination to be passing trophozoites or cysts of E. histolytica in the stools.

   A "chronic carrier" is any person, who continues to pass trophozoites or cysts of E. histolytica in the stools three months after onset of symptoms of acute amebiasis.

2. *Reports:* Every case, suspected case and carrier shall be reported promptly to the local and State health authorities. See Chapter V, pages 34, 35.

3. *Investigations:* Shall be investigated promptly by the local health authorities. See Chapter V, pages 35, 36.

4. *Premises* need not be placarded but shall be screened against flies during the fly season.

5. *Special Restrictions*, when case or carrier occurs on a *farm, dairy, home* of a *distributor* of milk or milk products, etc., see pages 44, 45.

6. *Cases* and *carriers* shall be *isolated* and shall not be released from isolation, other than as specified in the agreement form below, until two successive authentic specimens of stool from the non-food handler and four successive authentic specimens of stool from the food handler and those connected with water supplies or the manufacture or handling of ice, give upon laboratory examination negative results for trophozoites or cysts of E. histolytica. These specimens shall not be taken less than four days apart. The first specimen is not to be taken until after the acute symptoms subside and not until five days have elapsed since the completion of recognized anti-amebic treatment.

   Specimens of stools for release shall be submitted to the laboratories of the Illinois Department of Public Health or to laboratories approved by the Illinois Department of Public Health and shall be taken either directly by the local health department or by someone authorized by them.

   Local health departments shall be responsible for the release of cases.

   Cases, that are apparently cured and on whom the required number of negative terminal specimens have not been obtained, may be permitted to return to work (not as food

handler) when they have signed the agreement given below in duplicate—one copy to be retained by the local health department and the other by the case.

....., Ill.
Dated.....

Illinois Department of Public Health,
Springfield, Illinois.
Gentlemen:

I,....., agree to observe the precautions which are required by the Illinois Department of Public Health relative to amebiasis (cases or carriers)* and request that I be permitted to remain in free communication with other persons as long as I comply with these requirements. I agree not to handle food for my family or for other people and to use the utmost care in my personal hygiene. I will wash my hands with soap and water after every visit to the toilet and will not bathe in any pool of water frequented by any other person. I agree to submit specimens as requested by the local or state health department until I am properly released according to the rules for the control of amebiasis.

I will inform the local health department and the Illinois Department of Public Health at Springfield or any other health jurisdiction, where I may go to live, of any contemplated change from my present address.

I understand that if I violate any of the above restrictions or endanger the public health in any way that I shall lose the privileges granted me under this permit and I shall be quarantined and the premises placarded.

Signed.....
(Case or Carrier)*

Permission is, hereby, granted to.....
(a case or carrier)* of amebiasis, to mingle with the public at large and to resume his usual occupation as.....
(NOT AS A FOOD HANDLER), as long as he complies with the restrictions listed above.

Signed .....
Title.....
Health Jurisdiction.....
Dated.....

For carrier { Approved .....M. D.
Illinois Department of Public Health.
Dated .....

The above agreement shall be signed in quadruplicate by the *carrier*, one copy of which is to remain with the local health department, two copies to be filed with the Illinois Department of Public Health and the fourth the carrier is to retain.

The local board of health or its representative shall visit or cause to be visited such case or carrier as often as is necessary to insure compliance with the above-mentioned agreement.

7. *Collection of specimens:* Whenever a patient resides in a community maintaining a public health laboratory approved by the Illinois Department of Public Health, for the laboratory diagnosis of amebiasis, the patient shall be required to submit authentic specimens to such laboratory and under such conditions that a specimen not more than two hours old can be examined. See page 7.

8. *Control of Contacts:* Contacts living in the household with a case or carrier of amebiasis shall not engage in the occupation of cook, helper, waiter or other food handler in a dining room, kitchen, dairy worker nor be connected with water supplies or the manufacturer or handling of ice until he or she has been proven to be negative for trophozoites or cysts of E. histolytica by two successive

* Cross out words that do not apply.

negative laboratory tests, the specimens to be taken not less than four days apart; provided, this shall not apply to domestic help in the home. After such negative tests, contacts may resume their occupations as aforesaid, provided that they do not take active part in the care of the case or carrier.

All contacts with cases or carriers at the discretion of the local health department may be required to submit themselves for examination or to have specimens taken for laboratory examination.

Nothing in this rule shall apply to physicians or to visiting nurses attending the case.

9. *Visiting Cases and Carriers:*
   (a) Visiting should be discouraged.
   (b) Visitors, other than immediate relatives, shall not be permitted to visit cases or carriers in homes, except when the case or the carrier has signed an agreement form and continues to abide by the restrictions imposed by the agreement form.
10. For *removal* of patient, see restrictions on pages 37, 38.
11. *Hospitalization* of cases and carriers in general hospitals, see pages 40-43.
12. *Concurrent* and *terminal disinfection* are required. See pages 46-48.
13. Conduct of *funeral*, see pages 51-56.
14. **General Measures:**
   (a) Sanitary disposal of human feces.
   (b) Protection of potable water supplies against fecal contamination, and boiling drinking water where necessary. Chlorination of water supplies as generally used has been found inadequate for the destruction of cysts.
   (c) Supervision of the general cleanliness, of the personal health and sanitary practices of persons preparing and serving food in public eating places, especially moist foods eaten raw.
   (d) Education in personal cleanliness, particularly washing hands with soap and water after evacuation of the bowels.
   (e) Control of fly breeding and protection of foods against fly contamination by screening.
   (f) It is of importance that all cross connections between potable and polluted water supplies be forbidden. Systematic inspection should be made to discover them, and the supply should be disconnected until such cross connections have been eliminated.
   (g) Instruction of convalescent and chronic carriers in personal hygiene, particularly as to sanitary disposal of fecal waste, and hand washing after use of toilet.

(h) Epidemic measures: In case of epidemics due to relatively massive doses of infectious material, active measures should be employed to discover the source of infection, and to warn the public and the medical profession of the early and characteristic symptoms, and of the serious immediate and remote results of such infection.

ANTHRAX*

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to the local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* Shall be investigated by the local health authority. See Chapter V, pages 35, 36.
3. *Premises* shall be placarded. See Chapter VIII, pages 49.50.
4. Shall be *isolated* until all lesions have ceased discharging.
5. For *removal* of patient, see restrictions on pages 37, 38.
6. *Concurrent* and *terminal disinfection* are required. See pages 46-48.

Control of Contacts:

1. No restrictions on home contacts if case is properly isolated.

General Measures:

1. Animals ill with disease presumably anthrax should be isolated immediately in the care of a veterinary surgeon. Animals proved to have the disease should be killed and promptly destroyed, preferably by incineration.
2. Post-mortem examination should be made only by a veterinary surgeon or in the presence of one.
3. Milk from an infected animal should not be used during the febrile period.
4. Every employee handling raw hides, hair, or bristles who has an abrasion of the skin should report immediately to a physician.
5. Special instruction should be given to all employees handling raw hides in regard to the necessity for personal cleanliness.
6. Tanneries and woolen mills should be provided with proper ventilating apparatus so that dust is promptly removed before reaching the respiratory tract of human beings.
7. Disinfection of hair, wool, and bristles of animals originating in known infected centers before they are used or assorted.
8. The sale of hides from an animal infected with anthrax should be prohibited.

* ANTHRAX is caused by the *bacillus anthracis* and the source of infection is from infected hair, hides, flesh and infected feces of infected animals. The disease is contracted by an external scratch or wound or by inhalation of spores of the infectious agent or the ingestion of insufficiently cooked infected meat. The disease is recognized by clinical symptoms and there are two distinct forms in man: first, a local disorder of the skin at the point of infection and second, or rarer form, presents the symptoms of a severe acute constitutional infection.

BOTULISM AND OTHER FORMS OF FOOD POISONING

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to the local and State health authorities. Group outbreaks shall be reported by wire. See Chapter V, pages 34, 35.
2. *Investigations: Shall be investigated promptly* by the local health authority. See Chapter V, pages 35, 36. Samples of the suspected food and feces or vomitus from the cases and suspected cases shall be sent to an approved laboratory. See page 7 for submission of specimens.
3. *Premises* need *not be placarded* nor *quarantined.*
4. *Concurrent* and *terminal disinfection* are not necessary.

Control of Contacts:

1. No restrictions on adults. Children need not be excluded from school.

General Measures:

1. Investigation should be made as to the particular food responsible for a given case and all further sale or use of such food shall be strictly prohibited.
2. Persons concerned with the preparation and serving of foods should be brought under observation for medical and bacteriological examination to determine the possible origin, whether from bowel discharges or infections of the skin.
3. Epidemiological inquiries should include particular study of water and milk used by the persons affected.

CHANCROID

(See Venereal Diseases, pages 108-119)

CHICKENPOX (Varicella)

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to the local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* Local health authority shall investigate all cases in persons over fifteen years of age in unvaccinated children; however, if smallpox is epidemic, all cases shall be investigated to confirm diagnosis. See Chapter V, pages 35, 36.
3. *Premises* need *not* be *placarded;* however, patient shall be *isolated* and excluded from school for ten days from the onset of the disease and until all crusts have disappeared from the skin.
4. For *removal* of patient, see restrictions on pages 37, 38.
5. *Hospitalization* of cases in general hospitals, see pages 40-43.
6. *Concurrent disinfection* is *required.* See pages 46, 47.
7. Conduct of *funeral,* see pages 51-56.

Control of Contacts:

1. No restrictions on adults.
2. No restrictions on children, unless suspected of having the disease.

General Measures:

1. School authorities shall be notified regarding the case and instructed to observe all children carefully for three weeks after exposure for any sign of the disease and to exclude from school any children, with suggestive symptoms and to notify the local health authority.

CHOLERA, ASIATIC

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to the local health authority and on receipt of such report, the local health authority shall immediately notify the Illinois Department of Public Health by wire. See Chapter V, pages 34, 35.
2. *Investigations:* Shall be investigated promptly by the local health authority. See Chapter V, pages 35, 36.
3. *Premises* shall be *placarded.* See Chapter VIII, pages 49, 50.
4. Shall be quarantined until complete clinical recovery.
5. A representative of the Illinois Department of Public Health will instruct the local health authorities in administrative control.

DENGUE

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to the local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* Shall be investigated promptly by the local health authority. See Chapter V, pages 35, 36.
3. *Premises* need *not* be *placarded.*
4. Shall be isolated in a screened room until complete clinical recovery.
5. *Concurrent* and *terminal disinfection not required.*
6. For *removal* of patient, see restrictions on pages 37, 38.
7. Upon *termination* of the *case,* the room occupied by the patient and the entire house shall be fumigated to destroy mosquitoes.
8. *Hospitalization* of cases in general hospitals, see pages 40-43.

Control of Contacts:

1. No restrictions on contacts, who are free of symptoms.

General Measures:

1. Houses should be screened against mosquitoes.
2. Breeding grounds for mosquitoes should be eradicated.
3. A survey should be made of all places, where there is a foci of dengue.

DIPHTHERIA

Control of Case and Carrier:

1. *Definition of carrier:* A diphtheria carrier is a person in whose nose or throat diphtheria bacilli have been found but who shows no symptoms of the disease or who continues to carry diphtheria bacilli at the end of twenty-one days from date of onset of the disease.
2. *Reports:* Every case, suspected case and carrier shall be reported promptly to the local and State health authorities. See Chapter V, pages 34, 35.
3. *Investigations:* Shall be investigated promptly by the local health authority. See Chapter V, pages 35, 36.
4. *Premises* shall be *placarded.* See pages 49, 50.
5. Shall be quarantined and shall be isolated in a separate room and no one except the nurse or attendant shall come in contact with the case or carrier.
6. *Special restrictions*, when case or carrier occurs on a *farm*, *dairy*, *home* of a *distributor* of milk or milk products, etc., see pages 44-45.
7. *Termination of Quarantine:* The case or carrier shall not be released from quarantine and shall not return to school until two successive negative cultures are obtained from nose and throat, taken at intervals of not less than twenty-four hours or when a virulency test proves the bacilli to be avirulent. The first culture from the case shall not be taken until nine days after the date of onset. Cultures shall not be submitted for virulency tests until twenty-eight days after the onset of the disease; however, a virulency test may be made immediately on a carrier who shows no symptoms of the disease. If the case or carrier is a food handler, a third successive negative culture from nose and throat is required twenty-four hours after the second culture. Contacts, who are food handlers and who continue to live on quarantined premises, shall not be released until two successive negative cultures from nose and throat are obtained twenty-four hours apart and one negative culture from nose and throat shall be obtained from all other inmates of the quarantined premises.

   The attending physician, with the consent of the local health department, may remove a diphtheria carrier five weeks after the onset of the disease to a hospital for a tonsillectomy, provided that the hospital authorities are informed and understand that the case being brought in is a diphtheria carrier, a case of that kind showing a virulent culture.
8. For *removal* of case or carrier, see restrictions on pages 37, 38.
9. *Hospitalization* of cases and carriers in general hospitals, see pages 40-43.
10. *Concurrent* and *terminal disinfection* are required. See pages 46-48.
11. Conduct of *funeral*, see pages 51-56.

Control of Contacts:

1. No one other than the wage earner, attending physician, minister of the gospel, local or State health authorities or their duly authorized representatives, shall enter or leave the quarantined premises until the quarantine has been terminated. Visiting nurses, with the approval of the local health authority, may enter and leave quarantined premises if they have been properly trained* in the care and control of communicable diseases. Children of the family may be permitted the freedom of the private porch and yard, provided they do not come in contact with other children, otherwise they shall remain in the house.
2. The wage earner may be permitted to continue his work provided he is over sixteen years of age, has no direct or indirect contact with the patient and is not a food handler (see definition, pages 30, 31), or a school teacher, or employed around a school or other place where there are children, and provided also, that permission is granted in writing by the local health authority, and that a negative nose and throat culture is first obtained. This privilege is granted solely for the purpose of permitting the wage earner to continue his occupation and he shall not enter any other premises not in line with his employment. The wage earner shall submit a weekly nose and throat culture where laboratory facilities are available. If a wage earner violates these restrictions, he shall be placed under quarantine, unless he moves to another address and continues to live there during the quarantine period. In consideration of this modification of quarantine, the local health authority shall agree to visit and inspect the quarantined premises at least twice weekly in order to be assured that adequate isolation is being practiced. It should be understood that this is not a blanket privilege for a wage earner, and that permission for this type of modified quarantine will be rescinded by the Illinois Department of Public Health if local health authority does not insist on proper isolation** of patient.
3. Adults and children, who reveal no symptoms of illness, may be removed from the quarantined premises to premises where none but adults and immune children reside, to remain away for the duration of quarantine upon permission of the local health authority, after one negative nose and throat culture has been obtained, and after they have taken a bath and changed to clean, uncontaminated clothing.

   After removal, adults and children may go about their usual activities with the exception of the following:

   (a) Immune food handlers, children, school teachers and others whose work brings them in contact with children, shall submit two successive negative nose and throat cultures, taken not earlier than twenty-four hours apart before returning to their duties or to school.

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* See page 40.
** See pages 37, 38.

(b) Food handlers, children, school teachers and others whose work brings them in contact with children, who cannot furnish proof of immunity (see below), shall be quarantined for seven days from date of removal and until two successive negative nose and throat cultures are obtained, after which upon presentation of a certificate from a regularly licensed physician stating that examination reveals no evidence of diphtheria, they may return to school or resume their usual occupations.

(c) Definition of proof of immunity—for the purpose of these rules and regulations, persons may be regarded as immune to diphtheria under the following conditions:

(1) For three weeks after early prophylactic inoculation with diphtheria antitoxin of at least 1,000 units.

(2) After adequate inoculation with toxoid or toxin-antitoxin as shown by a negative Schick test.

(3) If the Schick skin test, performed by a physician, is found negative.

4. Contacts outside the home, who have had intimate and long-continued exposure, shall be handled in the same manner as home contacts.

5. Contacts outside the home, whose exposure to the case or carrier has not been intimate and long-continued, shall immediately be required to submit a nose and throat culture. These regulations place no restrictions on such contacts unless the cultures are positive. However, if cultures are not taken at once, or in epidemics, or in institutions, all contacts are subject to the regulations for contacts, who have had close and long-continued contact, according to the judgment of the local or State health authorities.

General Measures:

1. All non-immune children in the same household should be passively immunized with diphtheria antitoxin.
2. All non-immune children should be actively immunized with toxoid but not until three weeks after the administration of antitoxin.
3. Active immunization of all children by the end of the first year without prior Schick testing; active immunization of school children with or without prior use of the Schick test. The board of health, the board of education or the school board is advised and urged to have all unprotected pupils under ten years of age actively immunized against diphtheria and to provide this protection for all such pupils, whose parents request this service in writing and are unable to pay the family physician for it.
4. Pasteurization of milk supply.

DOG AND OTHER ANIMAL BITES

1. *Reports:* Every instance, in which a person is bitten, scratched or otherwise injured by a dog or other animal, or every instance, in which a person has handled a known or suspected rabid animal, shall be reported promptly to the local and State health authorities. See Chapter V,

pages 34, 35. Dog bites are to be reported on franked cards as employed for reporting communicable diseases.

2. *Investigations:* Shall be investigated promptly by the local health authority, to determine, if possible, whether or not the animal in question had rabies and if the person bitten is in need of prophylactic vaccine. See *Rabies*, paragraphs 1, 2, 3 and 4, page 88.
3. *First-aid Treatment:* See *Rabies*, pages 86, 87.

DYSENTERY, Bacillary and Other Infective Types

Control of Case:

1. *Reports:* Every case, suspected case and carrier shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* Shall be investigated promptly by the local health authority. See Chapter V, pages 35, 36.
3. *Premises* shall be placarded. See pages 49, 50.
4. Shall be *quarantined* and *isolated* in a separate room, screened against flies.
5. Shall be *excluded* from school and all public gatherings until termination of quarantine.
6. *Special restrictions*, when case or carrier occurs on a *farm*, *dairy*, *home* of a *distributor* of milk or milk products, etc., see pages 44-45.
7. *Release—Case:* Shall not be released from quarantine until two successive negative cultures of feces are obtained. If case is a food handler, an additional negative specimen shall be secured and this specimen shall not be taken until seven days after the second specimen. First specimen shall not be taken until three days after the stools have become normal and until mucus is no longer present and the second specimen, four days following the first specimen, provided that the first terminal specimen is negative. In the event the first terminal specimen is positive, a period of one week shall elapse between specimens, until the first negative is obtained.

   Cases, that are apparently cured and on whom the required number of negative terminal specimens have not been obtained, may be permitted to return to work (NOT AS A FOOD HANDLER) when they have signed the agreement form on page 68 in duplicate—one copy to be retained by the local health department and the other by the case. (See paragraph 8.)
8. *Carriers:* A bacillary dysentery carrier is a person, who is discharging dysentery bacilli in his excreta but who shows no symptoms of the disease or who continues to carry dysentery bacilli at the end of three months from the date of onset of the disease.

   Carriers may be granted a modified form of quarantine upon signing in quadruplicate the modified quarantine agreement form on page 68. On signed copy is to be filed with the local board of health, two signed copies forwarded to and kept on record by the Illinois Department of Public Health. The fourth copy shall be given to the carrier.

The local board of health or representative shall visit or cause to be visited such case or carrier as often as is necessary to insure the compliance with the agreement form given below.

....., Ill.
Dated.....

Illinois Department of Public Health,
Springfield, Illinois.

Gentlemen:

I, ..., agree to observe the precautions which are required by the Illinois Department of Public Health relative to dysentery (cases or carriers)* and request that I be permitted to remain in free communication with other persons as long as I comply with these requirements. I agree not to handle food for my family or for other people and to use the utmost care in my personal hygiene. I will wash my hands with soap and water after every visit to the toilet and will not bathe in any pool of water frequented by any other person. I agree to submit specimens as requested by the local or state health department, until I am properly released according to the rules for the control of dysentery.

I will inform the local health department and the Illinois Department of Public Health at Springfield or any other health jurisdiction, where I may go to live, of any contemplated change from my present address.

I understand that if I violate any of the above restrictions or endanger the public health in any way that I shall lose the privileges granted me under this permit and I shall be quarantined and the premises placarded.

Signed .....
(Case or Carrier)*

Permission is, hereby, granted to.....
(a case or carrier)* of dysentery bacilli, to mingle with the public at large and to resume his usual occupation as.....
(NOT AS A FOOD HANDLER), as long as he complies with the restrictions listed above.

Signed .....
Title .....
Health Jurisdiction .....
Dated .....

For carrier { Approved .....M. D.
Illinois Department of Public Health
Dated .....

Release—Carrier: When a carrier desires to submit specimens of feces for release, he shall go to a hospital, where a cathartic shall be given, and a specimen from the second or third bowel movement shall be sent to the central or to one of the branch laboratories of the Illinois Department of Public Health, where such examinations are made. A chronic bacillary dysentery carrier shall not be released from observation and the rules of modified quarantine until four successive authentic specimens of feces give upon laboratory examination negative results to bacillary dysentery bacilli. These specimens shall be taken one month apart. No negative reports will be considered if the specimen has been delayed in transit and in no instance if more than two days have elapsed between collection of the specimen and its examination; however, the Illinois Department of Public Health reserves to itself the right of passing finally upon all evidence, which may be obtained thereby.

9. For *removal* of case or carrier, see restrictions on pages 37, 38.

10. *Hospitalization* of cases and carriers in general hospitals, see pages 40-43.

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* Cross out words that do not apply.

11. *Concurrent* and *terminal disinfection* are required. See pages 46-48.
12. Conduct of *funeral*, see pages 51-56.

Control of Contacts:

1. No restrictions are placed on contacts in the home, if they are proven by laboratory tests not to be carriers of dysentery bacilli, except those contacts, who are engaged in the production of handling of milk, cream, milk products and other foods likely to be consumed raw. Contacts so engaged, even though laboratory tests show them to be free from bacillary dysentery, shall not be permitted to continue handling milk and food while they remain on the premises. Such contacts may continue in their usual occupations, if, with the consent of the local health authority, they leave the quarantined premises and live at another address and make no contact whatsoever with any person, who remains at the quarantined premises during the period of quarantine.

Collection of Specimens:

Whenever a patient resides in a community maintaining a public health laboratory approved by the Illinois Department of Public Health for the laboratory diagnosis of dysentery, the patient shall be required to submit authentic specimens to such laboratory and under such conditions that a specimen not more than two hours old can be examined. See page 8.

General Measures:

1. Protection and purification of public water supplies.
2. Pasteurization of public milk supplies.
3. Supervision of other food supplies and of food handlers.
4. Prevention of fly breeding.
5. Sanitary disposal of human excreta.
6. Supervision of bacillary dysentery carriers to see that they are living up to restrictions imposed by the rules of the Illinois Department of Public Health.

ENCEPHALITIS (Acute and Lethargic)

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* Shall be investigated promptly by the local health authority. See Chapter V, pages 35, 36.
3. *Premises* need not be placarded nor quarantined; however, the premises should be screened, inasmuch as insects may be the vector of the disease.
4. Case shall be *isolated* for a minimum period of two weeks after onset and until complete clinical recovery.
5. For *removal* of case, see restrictions on pages 37, 38.
6. *Hospitalization* of cases in general hospitals, see pages 40-43.
7. *Concurrent* and *terminal disinfection* are required. See pages 46-48.
8. Conduct of *funeral*, see pages 51-56.

Control of Contacts:

1. The activities of the home contacts shall be minimized and children living in the same home, where there is a case, shall be excluded from school during period of isolation of the patient. Children may be permitted the freedom of the private porch or yard, provided they do not come in contact with other children.
2. Contacts living in the home with a case shall not handle foods for distribution to the public. If milk is sold, it shall be pasteurized and all equipment used shall be moved to other premises and all milking done by persons not living on premises, where there is a case.

ERYSIPELAS

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Premises* need not be placarded.
3. Shall be *isolated* from other members of the family, except the nurse or attendant waiting on patient. Isolation shall be continued until desquamation is complete and all purulent discharges have ceased.
4. For *removal of case*, see restrictions on pages 37, 38.
5. *Hospitalization* of cases in general hospitals, see pages 40-43.
6. *Concurrent* and *terminal disinfection* are required. See pages 46-48.

Control of Contacts:

1. No restrictions on school children unless suspected of having the disease.
2. No restrictions on adults.
3. General floor nurses, who nurse a case of erysipelas, shall be specially trained in the care and control of communicable diseases and shall not come in contact with obstetrical, surgical, pneumonia or measles cases while caring for a case of erysipelas or for one week following termination of such nursing service. The one-week restriction also shall apply to private duty nurses.

FAVUS

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. Need not be *quarantined* but shall be excluded from school and other public gatherings until lesions are healed.
3. *Concurrent disinfection* is required. See pages 46, 47. Collect discharges from lesions on bits of cotton, paper or cloth and burn immediately. Disinfect toilet articles of patient.
4. Children, who have been exposed, need not be excluded from school.

FOOD POISONING

(See Botulism, page 62.)

GERMAN MEASLES (Rubella, Rotheln)*

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* All cases, in which the diagnosis is in doubt, shall be investigated by the local health authority to rule out the possibility of scarlet fever. See Chapter V, pages 35, 36.
3. Shall be *isolated* and *excluded* from school for a minimum period of seven days from the onset of the disease.
4. For *removal of case*, see restrictions on pages 37, 38.
5. Conduct of *funeral*, see pages 51-56.

Control of Contacts:

1. No restrictions on children, unless suspected of having the disease.
2. No restrictions on adults.

General Measures:

1. School authorities shall be notified and instructed to observe all children carefully for twenty-one days after exposure for any sign of the disease and to exclude from school any children with suggestive symptoms and to notify the local health authorities.

GLANDERS

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* Shall be investigated promptly by the local health authority. See Chapter V, pages 35, 36.
3. Case shall be *isolated* until lesions are healed.
4. For *removal of case*, see restrictions on pages 37, 38.
5. *Concurrent* and *terminal* disinfection are *required*. See pages 46-48.

Control of Contacts:

1. No restrictions if case is properly isolated.

General Measures:

1. Stables and contents, where infected horses are found, shall be disinfected.

* GERMAN MEASLES is often confused with measles and mild scarlet fever. A person having had either or both disease would not be protected against German measles. Many times the rash is the first symptom to attract attention; however, in most cases there will be prodromal symptoms at least 24 hours before the rash as follow: Chilliness, slight catarrh, casual cough, headache and at times sore throat, nausea and vomiting and glandular enlargement in early stages. The rash first appears on the face and spreads rapidly over the body in 24 hours. The rash may be found on face and chest when at its height, while the legs are unaffected.

GONORRHEA

(See Venereal Diseases, pages 108-119.)

GRANULOMA INGUINALE AND LYMPHOGRANULOMA VENEREUM

(See Venereal Diseases, pages 108-119.)

HEMOLYTIC STREPTOCOCCUS SORE THROAT

(See Streptococcus (Septic) Sore Throat, pages 93-94.)

INFLUENZA

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Premises* need *not* be *quarantined* nor *placarded* but visiting shall be discouraged.
3. Case shall be *isolated* during the acute stage of disease.
4. For *removal of case*, see restrictions on pages 37, 38.
5. *Concurrent* and *terminal disinfection* are *required.* See pages 46-48.

Control of Contacts:

1. No restrictions on contacts if case is properly isolated.

General Measures:

1. During epidemics, efforts should be made to reduce opportunities for direct-contact infection, as in crowded halls, stores and street cars. Kissing, the use of common towels, glasses, eating utensils or toilet articles should be avoided. The hands should be washed carefully before eating. Scrupulous cleanliness of dishes and utensils used in preparing and serving food in public eating places should be required, including the subjection of all such articles to disinfection in hot soapsuds and boiling water. To minimize the severity of the disease and to reduce mortality, patients should go to bed at the beginning of an attack and not return to work without the approval of their physician.
2. For policy regarding closing of schools, see page 39.

LEPROSY

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly and shall be held under observation at home or in a hospital by the local department of health until such time as they can be turned over to the Federal authorities for U. S. Government control. See Chapter V. pages 34, 35.
2. If necessary for proper *isolation*, the local health authority at his discretion may enforce hospitalization of case.

MALARIA

Control of Case:

1. *Reports:* Every case, suspected case and chronic malaria carrier shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Premises* need *not* be *placarded* nor *quarantined.*
3. Case shall be *isolated* in a home properly screened and shall be treated continuously until the blood is free of malaria parasites as shown by two successive negative laboratory examinations, specimens to be taken four days apart.
   Chronic malaria carriers shall be treated continuously until the blood is free of malaria parasites.
4. For *removal* of case or carrier, see restrictions on pages 37, 38.
5. *Hospitalization* of cases in general hospitals, see pages 40-43.

Control of Contacts:

1. No restrictions are imposed.

General Measures:

1. Houses and chimneys should be screened against mosquitoes.
2. Breeding grounds for mosquitoes should be eradicated.
3. A survey should be made of all places, where there is a foci of malaria.

Regulations for the Control of Persons Who are Undergoing Malaria Inoculations for Treatment:

1. Any physician, who inoculates any person with malaria parasites for the purpose of treating syphilis or other diseases, shall report such inoculation promptly to the local and State health authorities.
2. All patients, who have been inoculated with malaria parasites, shall be kept in tightly screened rooms during the mosquito season, as long as they continue to show either clinical evidence of malaria, such as chills and fever or the presence of malaria parasites.
3. All inoculated patients shall be given the "standard" course of treatment or its equivalent, beginning before the patient has been taken from the screened enclosure. The standard method of treatment for adults consists of 10 grains of quinine sulphate by mouth three times a day, for a period of at least three or four days, to be followed by ten grains every night before retiring for a period of at least eight weeks.
4. At the end of the standard course of anti-malarial treatment, at least two laboratory examinations shall be made of blood smears of all patients, specimens to be taken four days apart. Those showing the presence of malaria parasites should be given further anti-malarial treatment, the extent of which is to be judged by the disappearance of the malaria parasites from the blood after a periodic suspension of anti-malarial treatment, for the purpose of making laboratory tests.
5. All stagnant bodies of water on the premises of hospitals, where patients are being inoculated with malaria parasites, should be drained if possible. If it is not feasible to drain

them, they should be stocked with top minnows or other mosquito eating larvae and their margins should be kept as clean and free of vegetation as is possible. All discarded cans, bottles, etc., which hold water, shall be destroyed or buried.

6. No patient, who has received inoculation with malaria parasites, shall be discharged from any State hospital or from the care of a physician until he has been rendered free from parasites by adequate anti-malarial treatment.

MALTA FEVER

(See Undulant Fever, page 108.)

MEASLES

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Premises* need not be placarded.
3. Case shall be *isolated* from onset of the disease until five days after the appearance of the rash and thereafter until the catarrhal symptoms and abnormal secretions of the mucous membrane have ceased.
4. Case shall be *excluded* from school and all public gatherings for the isolation period.
5. *Prevention of Pneumonia* as a complication:
   (a) The patient shall be protected against all persons, who have acute coryza, coughs, sore throat or bronchitis or who otherwise give evidence of ability to infect the patient with pneumonia.
   (b) In multiple cases of measles, the cases shall be isolated in such a way as to prevent the spread of secondary infection with pneumococci or streptococci.
   (c) Cases of measles complicated with pneumonia shall be separated and isolated from cases not having such complications.
   (d) The air of rooms, in which patients ill with measles are treated, shall be kept at proper temperature and necessary humidity and ventilation maintained.
6. For *removal* of case, see restrictions on pages 37, 38.
7. *Hospitalization* of cases in general hospitals, see pages 40-43.
8. *Concurrent disinfection* is required. See pages 46, 47.
9. Conduct of *funeral*, see pages 51-56.

Control of Contacts:

1. All adult members of the family or household, except school teachers and other persons employed in or about school buildings, may continue their usual vocations. The latter (school teachers and others, etc.) if they do not come in contact with patient or his secretions and can furnish proof of immunity, also may continue their usual vocations.

2. Susceptible children living on the same premises with the case shall be isolated for fourteen days from the time of first exposure. They may be permitted the freedom of the private porch or yard; provided, they do not come in contact with other children. Otherwise, they shall remain in the house.
3. Upon permission granted by the local health authority, any child susceptible to measles residing on the premises with the case, who shows no abnormal discharges, soreness of the throat, fever, skin lesions or other evidence, which is suspicious of the disease, may be removed to other premises, where there are no children. Children so removed shall be isolated and kept under observation and control on the premises to which removed for the unexpired period of fourteen days and shall not come in contact with other children and shall observe the same restrictions as if he were at home, where a case existed.
4. All children, who claim immunity and who do not come in contact with patient or his secretions, may return to school, if they can furnish proof of such immunity by record of case being on file at local or State health department. If official records are not available, physicians may certify in writing or parents may make an affidavit that the children in question previously had measles and were quarantined for measles by the board of health.
5. Upon removal of the patient to a hospital or death of the patient, all non-immune children residing on the quarantined premises shall be isolated as contacts for the unexpired period of fourteen days.
6. Exposed children, who are non-immune, shall be isolated and excluded from school for fourteen days from date of first exposure.

General Measures:

1. Local health authorities or school authorities, when measles is epidemic, shall observe all children each day for any signs of illness; exclude children from school, who show any signs or symptoms of the disease, and notify the local health authorities of suspicious cases.
2. Parents should keep all infants and children under five years of age away from possible contact with other children, when measles is prevalent, and guard patients against secondary pneumonia.
3. Convalescent serum or parents' immune serum or immune globulin should be given to exposed children to prevent or modify the disease. This is especially recommended for infants, very young children and children in a family, where there is a case of tuberculosis.

MENINGITIS (Cerebrospinal Fever Meningococcus)

And Other Meningitis until Etiology has been Established

Control of Case:

1. *Reports:* Every case, suspected case and carrier shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* Shall be investigated by the local health authority. See Chapter V, pages 35, 36.
3. *Premises* shall be placarded: See pages 49, 50.
4. Case shall be *quarantined* for at least two weeks from date of onset and until complete clinical recovery. Patient shall be isolated in a separate room and no one, except the nurse, attending physician or minister of the gospel, shall come in contact with patient.
5. Case shall be *excluded* from school, all public gatherings and from handling food, milk, milk products, etc., for one week after termination of quarantine.
6. *Special restrictions*, when case or carrier occurs on a *farm, dairy, home* of a *distributor* of milk or milk products, etc., see pages 44-45.
7. When a case occurs in a barrack, military or other camp, dormitory, etc., the case shall be hospitalized. The inmates shall be cultured and held under observation. The amount of floor space of the dormitory shall be not less than four hundred square feet per person and good ventilation shall be maintained. There shall be a distance of at least five feet between beds from center to center and three feet from edge to edge and double decked beds shall not be used. The beds shall be so alternated as between head and foot that the occupants shall not sleep with their heads together; provided, that the health officer may give permission for the closer placing of beds, where there are partitions, which separate the head zones of beds. Crowding in mess halls and assembly rooms shall not be permitted. The removal of contacts to new locations and new homes, where they can be kept under observation, is permitted.
8. For *removal* of case or carrier, see restrictions on pages 37, 38.
9. *Hospitalization* of cases and carriers in general hospitals, see pages 40-43.
10. *Concurrent* and *terminal disinfection* are required. See pages 46-48.
11. Conduct of *funeral*, see pages 51-56.

Control of Contacts:

1. No one other than the wage earner, attending physician, minister of the gospel, local or State health authorities or their duly authorized representatives, shall enter or leave the quarantined premises until the quarantine has been terminated. Visiting nurses, with the approval of the local health authority, may enter and leave quarantined prem-

ises if they have been trained* properly in the care and control of communicable diseases. Children of the family may be permitted the freedom of the private porch and yard, provided they do not come in contact with other children, otherwise they shall remain in the house.

2. The wage earner may be permitted to continue his work provided he is over sixteen years of age, has no direct contact with the patient and is not a food handler (see definition, pages 30, 31), or a school teacher, or employed around a school or other place where there are children, and provided also that permission is granted in writing by the local health authority. This privilege is granted solely for the purpose of permitting the wage earner to continue his occupation and he shall not enter any other premises not in line with his employment. If the wage earner violates these restrictions, he shall be placed under quarantine, unless he moves to another address and continues to live there during the quarantine period. In consideration of this modification of quarantine, the local health authority shall agree to visit and inspect the quarantined premises at least twice weekly in order to be assured that adequate isolation is being practiced. It should be understood that this is not a blanket privilege for a wage earner, and that permission for this type of modified quarantine will be rescinded by the Illinois Department of Public Health if local health authority does not insist on proper isolation** of patient.

3. With permission of the local health authority, adults and school children, who are well, may be removed from the quarantined premises to another household after a bath and change to clean clothing, which has not been contaminated. Food handlers, school teachers and others employed around a school building shall be excluded from their usual occupations for ten days and school children shall be quarantined for ten days. If at the end of this period, they show no signs of illness, they may resume their usual occupations or may return to school on presentation of a certificate from a physician and surgeon. Adults, whose occupations are other than enumerated above, may go about their usual activities after removal.

4. Food handlers, children, teachers or others employed around a school or other place where there are children, who continue to live on quarantined premises, shall be excluded from their occupations, from school and other places of public gatherings until one week after termination of quarantine on the case. However, they may be permitted the freedom of the private porch or yard, provided they do not come in contact with other children.

5. Children, teachers, or others employed around a school or other place where there are children, who have been exposed to a case in school, shall be kept under a daily medical or nursing observation in school for a period of ten days from date of last exposure.

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* See page 40.
** See pages 37, 38.

6. Food handlers, children, teachers and others employed around a school building, who have been in close, long-continued contact with a case, shall be excluded from their occupations or from school and quarantined for ten days.
7. Other contacts, who have been in close and long-continued contact with a case, shall be placed under a daily medical observation for ten days following date of last contact.

Carriers:

1. Culturing has not been found effective in the control of meningitis, excepting in institutions or in other special circumstances or in the release of carriers.
2. Meningitis carriers, proven to be such by laboratory tests, shall be isolated and visitors shall not be permitted.
3. They shall not be released until two successive naso-pharyngeal cultures show the absence of meningococci, these cultures not to be taken before ten days after isolation nor closer than two days apart.

MENINGITIS, OTHER

(Pneumococcus, Streptococcus, Syphilitic, Tuberculous and Unspecified)

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* Shall be investigated by the local health authority. See Chapter V, pages 35, 36.
3. *Premises* need *not* be *placarded.*
4. *Case* shall be *isolated* until complete clinical recovery.

Control of Contacts:

1. No restrictions.

MUMPS

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* All cases, where diagnosis is questioned, shall be investigated by the local health authority for the purpose of differentiating parotid* gland involvement from that of the cervical gland and other acute infections of the pharyngeal area.
3. Case shall not come in contact with other children in the home and shall be *excluded* from school and all public gatherings until the swelling of the salivary glands has disappeared.

Control of Contacts:

1. No restrictions on children or adults.

* Mumps is an acute infection of the parotid glands with possible extension to the submaxillary glands. The involvement may be either uni or bilateral. It is characterized by acute swelling, tenderness or pain of the glands involved and is accompanied by varying increase in temperature, difficulty in deglutition and painful reaction to certain food products.

OPHTHALMIA NEONATORUM (CONJUNCTIVITIS OF THE NEWBORN)

Control of Case:

1. *Definition:* Any diseased condition of the eye, or eyes of any infant in which there is any inflammation, swelling or redness in either one or both eyes of any such infant, either apart from or together with any unnatural discharge from the eye, or eyes of such infant, at any time within two weeks after the birth of such infant, shall, independent of the nature of the infection, be known as ophthalmia neonatorum.

2. *Reports:* It shall be the duty of any physician, surgeon, obstetrician, midwife, nurse, maternity home or hospital of any nature, or parent assisting in any way whatsoever, any woman at childbirth, or assisting in any way whatsoever any infant, or the mother of any infant, at any time within two weeks after childbirth, observing or having a reasonable opportunity to observe the condition herein defined, and *within six hours* thereafter, to *report in writing or by telephone* followed by a written report such fact to the local health authorities of the city, town, village or other political division as the case may be, in which the mother of any such infant may reside; provided, that such reports and the records thereof shall be deemed privileged information and shall not be open to the public.

   The local health department shall report immediately such case by wire or telephone to the Illinois Department of Public Health.

3. *Duty of the Local Health Officer to Investigate Case:* It shall be the duty of the local health officer: (1) to investigate, insofar as that can be done without entering into the home or interfering with the child in any way without first securing the consent of the parents or guardian of such child, and each case of ophthalmia neonatorum reported to him in compliance with this law, and any other such case as may come to his attention. (2) To report all cases of ophthalmia neonatorum and the results of all such investigations as he may make to the State Board of Health in the manner and form prescribed by said board. See pages 34, 35.

4. *Premises* need not be placarded.

5. Case need *not* be *quarantined.* If the case is found not to be receiving proper attention, the attending physician shall report same with his recommendations to the local health authority.

6. *Concurrent disinfection* is required. See pages 46, 47. Very strict precautions shall be observed regarding all infectious discharges and everything that might be soiled with these discharges. All visible discharges shall be collected on bits of cotton, paper or cloth and burned at once. All bedclothing, pillow slips, sheets, towels and instruments used in taking care of the case shall be washed and boiled before being used by other persons.

   Terminal disinfection is *not required.*

Control of Contacts:

1. No restrictions on adults.
2. Children need not be excluded from school unless they are themselves suspected of infection.

General Measures:

1. Following is an extract of "An Act for the Prevention of Blindness from Ophthalmia Neonatorum; defining ophthalmia neonatorum; designating certain powers and duties and otherwise providing for the enforcement of this Act," approved June 24, 1915, (Sections 3 and 8 amended April 20, 1933.):

   "It is the duty of all maternity homes and any and all hospitals or places, where women resort for purposes of childbirth, to post and keep posted in conspicuous places in their institution, copies of this Act and to instruct persons professionally employed in such homes, hospitals and places regarding their duties under this Act, and to maintain such records of cases of ophthalmia neonatorum in the manner and form prescribed by the Department of Public Health.

   "It shall be the duty of any physician, midwife or nurse who attends or assists at the birth of a child, to instill or have instilled in each eye of the new born baby, as soon as possible and not later than one hour after birth, a one per cent (1%) solution of silver nitrate or some other equally effective prophylactic for the prevention of ophthalmia neonatorum approved by the State Department of Public Health."
2. The Illinois Department of Public Health only approves and furnishes 1% silver nitrate solution as a prophylactic for ophthalmia neonatorum, free to all physicians and midwives authorized by law to attend at the birth of any child, upon their application for same.

OPHTHALMIA IN PERSONS OVER FOURTEEN DAYS OF AGE (ALL INFECTIOUS TYPES)

Control of Case:

1. Every case and suspected case in persons over fourteen days of age shall be *reported within six hours to local and State health authorities.* See Chapter V, pages 34,35.
2. Shall be *investigated* promptly by local health authority.
3. *Premises* need *not* be *placarded.*
4. Shall be excluded from school and all places of public gatherings.
5. Need *not* be *quarantined.* If case is found not to be receiving proper and prompt nursing care, night and day, to assure prevention of blindness, the case shall be hospitalized where adequate treatment is assured.
6. *Concurrent disinfection* is *required.* Very strict precautions shall be observed regarding all infectious discharges and everything that might be soiled with these discharges. All visible discharges shall be collected on bits of cotton, paper or cloth and burned at once. All bed clothing, pillow slips, sheets, towels and instruments used in taking care of the case shall be washed and boiled before being used by other persons. See pages 46, 47.

Control of Contacts:

1. Children need not be excluded from school, unless they are themselves suspected of infection.

PARATYPHOID FEVER

(See Typhoid fever, pages 103-107.)

PLAGUE

Control of Case:

1. Every case and suspected case shall be reported promptly to local health authorities and on receipt of such a report, the local health authorities shall immediately notify the Illinois Department of Public Health, either by telephone or telegraph and the Department will send an inspector to confirm the diagnosis and to instruct the local health authorities in administrative control. CASE and SUSPECTED CASE shall be PLACARDED.

PNEUMONIA

(a) PNEUMOCOCCUS AND OTHER PRIMARY FORMS

(b) SECONDARY PNEUMONIAS COMPLICATING INFECTIOUS DISEASE

Control of Case:

1. *Reports:* Every case and suspected case of the above types shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Premises* need *not* be *placarded.*
3. *Isolation:* Case shall be confined in a large well-ventilated room of proper temperature and humidity, as remote from other occupants of the premises as is practicable and necessary to avoid contact. Such room shall be screened at suitable seasons.
4. For *removal* of patient, see restrictions on pages 37, 38.
5. *Hospitalization* of cases in general hospitals, see pages 40-43.
6. *Concurrent* and *terminal disinfection* are *required.* See pages 46, 47.
7. Conduct of *funeral,* see pages 51-56.

Control of Contacts:

1. No persons other than the necessary medical and nursing attendants shall enter the sick room or come in contact with the patient. Visiting of pneumonia patients by other persons is strictly prohibited, except in cases of actual emergency and then only when proper precautions are taken to prevent the spread of infection.
2. If case is properly isolated, other occupants of the premises, who do not come in contact with patient and show no evidence of illness and, especially, if free from evidence of acute coryza, sore throat and bronchitis, need not be confined to the premises.

Multiple Cases of Pneumonia in a Household:

1. When multiple cases of pneumonia occur in a household in which there are bad sanitary conditions, the local health authority shall require that such conditions be corrected and that the patients be removed from contact with other members of the household.

Bacteriologic Diagnosis:

1. Deep sputum (coughed up from the lower respiratory passages) *should be examined bacteriologically as early as possible in the disease and with a minimum of delay after collection of the specimen.* This examination should be made in a laboratory equipped for making pneumococcus type-determinations by the Neufeld (Quellung) method. A list of laboratories approved by the Department of Public Health for the performance of these tests may be obtained from the Department.
2. Swab specimens may be used in cases where sputum cannot be produced but should be employed only as a last resort.
3. Further information of importance in the diagnosis of pneumonia will be found on page 10.

POLIOMYELITIS, ACUTE ANTERIOR

(Infantile Paralysis)

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* Shall be investigated promptly by local health authority.
3. *Premises* shall be *placarded* until termination of quarantine. See pages 49, 50.
4. Case shall be *quarantined* and *isolated* in a separate room and no one except nurse or attendant shall come in contact with patient for three weeks from onset and until all abnormal discharges from nose and throat have entirely ceased.
5. Case shall be *excluded* from school and places of public gatherings and shall not assist in the production or handling of food, milk, milk products, etc., until one week after termination of quarantine.
6. *Special restrictions*, when case occurs on a *farm, dairy, home of a distributor* of milk, or milk products, etc., see pages 44, 45.
7. For *removal* of patient, see restrictions on pages 37, 38.
8. *Hospitalization* of cases in general hospitals, see pages 40-43.
9. *Concurrent* and *terminal disinfection* are *required.* Special attention shall be given to disinfection of stools and bladder discharges, as well as nose and throat secretions. See page 47, paragraphs 8 and 9.
10. Conduct of *funeral*, see pages 51-56.

Control of Contacts:

1. No one other than the wage earner, attending physician, minister of the gospel, local or State health authorities or their duly authorized representatives, shall enter or leave the quarantined premises until the quarantine has been terminated. Visiting nurses, with the approval of the local

health authority, may enter and leave quarantined premises if they have been trained* properly in the care and control of communicable diseases. Children of the family may be permitted the freedom of the private porch and yard, provided they do not come in contact with other children, otherwise they shall remain in the house.

2. The wage earner may be permitted to continue his work provided he is over sixteen years of age, has no direct or indirect contact with the patient and is not a food handler (see definition, pages 30, 31), or a school teacher, or employed around a school or other place where there are children, and provided also that permission is granted in writing by the local health authority. This privilege is granted solely for the purpose of permitting the wage earner to continue his occupation and he shall not enter any other premises not in line with his employment. If a wage earner violates these restrictions, he shall be placed under quarantine, unless he moves to another address and continues to live there during the quarantine period.
3. In consideration of this modification of quarantine, the local health authority shall agree to visit and inspect the quarantined premises at least twice weekly in order to be assured that adequate isolation is being practiced. It should be understood that this is not a blanket privilege for a wage-earner, and that permission for this type of modified quarantine will be rescinded by the Illinois Department of Public Health if local health authority does not insist on proper isolation** of patient.
4. With permission of the local health authority, adults and school children, who are well, after a bath and change to clean clothing, which has not been contaminated, may be removed from the quarantined premises to another household where none but adults reside. Food handlers, school teachers and others employed around a school building shall be excluded from their usual occupations for two weeks and school children shall be quarantined for two weeks. If at the end of this period they show no signs of illness, they may resume their usual occupations or may return to school on presentation of a certificate from a physician and surgeon. Children may be permitted the freedom of the private porch and yard, provided they do not come in contact with other children—otherwise they shall remain in the house. Adults, whose occupations are other than enumerated above, may go about their usual activities after removal.
5. Children, who continue to reside on the quarantined premises, shall be held under close observation and excluded from school for two weeks following termination of the last case on the premises. Following death of patient or removal of the patient to a hospital, children living on the premises shall be quarantined for two weeks.
6. Children under sixteen years of age, who have been exposed to a case, shall be quarantined and excluded from school for two weeks from date of last exposure.

* See page 40.
** See page 37 for definition.

General Measures:

1. It is probable that adult temporary carriers are the chief intermediaries in the spread of the disease and that during epidemics most can be done by limiting human contact with the public and by ensuring early diagnosis, absolute rest, and expert care for the patients.
2. Early diagnosis of poliomyelitis is most important. Prompt diagnosis makes treatment possible with convalescent or normal human serum. It has been recognized that poliomyelitis can be diagnosed prior to the onset of paralysis. The chief general symptoms of the pre-paralytic stage of the disease are moderate fever, headache, gastro-intestinal disturbances, drowsiness and a desire to be let alone. The more specific signs are intense prostration, stiffness of the spine, drawing pains in the lower back when the trunk is bent forward, stiffness and pain in the back of the neck and coarse tremors. If a majority of these specific symptoms are present, the spinal fluid should be examined. A moderate increase in pressure, a ground glass appearance, an increase in cells to between 50 and 250 usually and an increase in the globulin are typical changes in the spinal fluid.
3. Convalescent serum is thought by many to be of value in the early stages of poliomyelitis, and it is suggested that it be used in the treatment of pre-paralytic cases. If convalescent serum is lacking, normal adult serum should be given.

Location of Respirators* in the State of Illinois:

CITY	OWNER
Alton	Alton State Hospital
Anna	Anna State Hospital
Aurora	St. Joseph Mercy Hospital
Berwyn	Berwyn Hospital
Canton	Graham Hospital
Champaign	Burnham Hospital
Chicago	Alexian Bros. Hospital
	American Legion Square Post No. 232
	C. M. & St. P. R. R.
	2 C. & N. W. R. R. Terminal
	3 Chicago Rapid Transit
	Cook County Hospital
	Grant Hospital
	Loretto Hospital
	2 Michael Reese Hospital
	Mt. Sinai Hospital
	2 Municipal Contagious Disease Hospital
	4 National Foundation for Infantile Paralysis, Cook County Chapter
	Passavant Hospital
	Presbyterian Hospital
	Public Service Company of Northern Illinois
	Roseland Iron Lung Fund
	Rosenwald Museum of Science and Industry (E)
	St. George's Hospital
	St. Luke's Hospital
	2 Mr. Frederick B. Snite
	Union Station
Dixon	Dixon State Hospital
Elgin	Elgin State Hospital
Evanston	Evanston Hospital Association
	St. Francis Hospital

* Unless indicated by the letter "E" in parenthesis, respirator is the Drinker-Collins make.

Galesburg	Galesburg Cottage and St. Mary's Hospitals
Highland Park	Highland Park Hospital
Jacksonville	Jacksonville State Hospital
Joliet	St. Joseph's Hospital
Kankakee	Kankakee State Hospital
Kewanee	City Hall (Dr. C. P. White)
Oak Park	West Suburban Hospital (1 adult & 2 infant)
Peoria	Methodist Hospital
	Peoria State Hospital
Rockford	Winnebago County Iron Lung Fund
Rock Island	St. Anthony's Hospital
Springfield	St. John's Hospital
Sterling	Sterling Public Hospital (E)
	Fire Dept., 14 E. Fourth St.
Waukegan	Lake County Hospital (E) (2 adult & 3 infant)
	2 Jane Dowst Emergency Hospital
Woodstock	Woodstock Community Hospital
	McHenry County Iron Lung Fund

PSITTACOSIS

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* Shall be investigated promptly by the local health authority to determine if possible source of infection and to confirm diagnosis.
3. *Premises* shall be placarded. See pages 49, 50.
4. Case shall be *isolated* until complete clinical recovery.
5. For *removal* of case, see restrictions on pages 37, 38.
6. *Hospitalization* of cases in general hospitals should be discouraged due to the extreme contagiousness and high fatality rate.
7. *Concurrent* and *terminal disinfection* are required. See pages 46-48.
8. Conduct of *funeral*, see pages 51-56.

Control of Contacts:

1. No restrictions on contacts.

General Measures:

1. The following quarantine on birds of the Psittacidae family has been established:
   (a) For the purpose of these regulations, the term "birds of the parrot family" (Psittacidae) shall include all birds commonly known as parrots, Amazons, Mexican double heads, African grays, cockatoos, macaws, lories, parrakeets, love birds and all similar birds.
   (b) The local health authority shall quarantine all birds of the Psittacine family upon all premises, where birds known to be infected with psittacosis are located, and all premises shall be placarded with standard quarantine placards as provided for on pages 49, 50.
2. Following are the U. S. Interstate Quarantine Regulations which pertain to the shipment and transportation of birds of the Psittacine family:

"15½. No person, firm or corporation shall offer for shipment in interstate traffic, and no common carrier shall accept for shipment or transport in interstate traffic, any parrot, parrakeet, love bird, macaw, cockatoo, lory, lorikeet, or any other bird of the parrot or Psittacine family, unless an accompanying certificate has been obtained from the state health authority to the effect that to the best of the knowledge and belief of such authority, such bird as may be offered for shipment has originated from an aviary, or other distributing establishment, free from psittacosis infection, as determined by inspection of birds and the environment in which they have been reared and housed, the history of such establishment as regards psittacosis infection, supplemented by such laboratory examination of birds, selected by a representative of the certifying authority, as may be deemed necessary to enable the certifying authority to determine that the birds offered for shipment are free from psittacosis infection; provided, that no bird of the species above mentioned that is under eight months of age shall be offered or accepted for shipment or transport in interstate traffic.

"Certificates accompanying shipment of Psittacine birds transported under provisions of this Section shall be surrendered by the common carriers to the health authorities at the destination of the shipment."

RABIES (Hydrophobia)

Control of Cases:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* Shall be investigated promptly by local health authority to discover rabid animals and also persons or animals bitten by rabid animals.
3. *Premises* need *not* be *placarded.*
4. *Case* need *not* be *quarantined,* if patient is under adequate medical supervision and the immediate attendants are warned of the possibility of inoculation by human virus. Attendants should wear rubber gloves.
5. *Concurrent disinfection* of saliva of patient and articles soiled therewith and *terminal disinfection* are required. See pages 46-48.

How to Treat Dog or Other Animal Bites:

When an animal bites a human being, it is important to treat the wound intelligently regardless of whether or not the animal is reputed to be rabid. The procedure to pursue under such a circumstance may be outlined as follows:

(a) Call a physician. The doctor should properly cleanse and treat the wound. All tags of tissue should be clipped out of the wound and the tissues cauterized with fuming nitric acid on a glass rod. The rod should be thoroughly probed into every part of the wound. After this has been done, the possibility of infection from any disease, including rabies, will be less likely to occur than otherwise.

(b) The animal should be captured alive, if possible, and should be placed under observation of a veterinarian or leashed with a chain for two weeks. Policemen shall not kill the animal. If the animal lives for two weeks from the time the person was bitten and at the end of this time shows no signs of illness, he or she need not take anti-rabic treatment. If the animal is killed, the head should be detached without muti-

lation and forwarded at once in the manner described below, to a laboratory, where examination for rabies can be made.

(c) If the animal is known to be rabid, the Pasteur antirabic treatment should be started at once. If rabies develops in the animal, during the period which he is under observation or if the diagnositc examination of the head shows the presence of Negri bodies, the Pasteur treatment should be started at once upon learning either of these facts. If rabies cannot be positively ruled out, even though it cannot be definitely established, the Pasteur treatment should be given as a precaution.

Rules for Shipping Heads of Animals Suspected of Having Rabies:

The rules of the American Railway Express Company, relative to the shipment of animal heads, read as follow:

1. Agents must not accept for transportation the head of a dog or any other animal, sent to the state boards of health for rabies examination, unless it shall have been prepared for shipment as hereinafter provided.
2. The head of a dog or other animal so shipped must be placed in a tin or other metal container, which will not permit the leakage of fluids. Such container shall then be placed in a second wooden or metal container with ice packed around it. Such outside container must be so constructed that it will not permit the leakage of the ice water. If the head is not iced, the brain usually becomes so decomposed that a satisfactory examination is impossible.
3. All such packages must be labeled "CAUTION—This package contains the head of a dog (or other animal) suspected of having died of hydrophobia."
4. Such shipments tendered on Saturday, which cannot reach destination early enough for delivery on that day and would, therefore, remain in the Express Office over Sunday, must be refused and shipper requested to pack in ice and hold until Monday, so that they can be delivered without delay at destination.
5. Require prepayment of charges on shipments of this kind.

All rules of the Railway Express Company shall be complied with relative to shipping of heads of animals suspected of having rabies to the laboratory for examination.

Live animals shall not be sent to the laboratory for observation, inasmuch as no facilities are available for quartering them. A properly qualified veterinarian is the person who should make observations of animals suspected of having rabies. The bodies of dead animals shall not be sent to the laboratory since they are difficult to handle and cause interference with the routine incineration of other infectious materials.

As required by the Railway Express Company, the heads of animals suspected of being rabid shall be packed in a sealed double metal container. The head shall be placed in the interior can, which shall be surrounded by ice in the outer can.

If the animal has been dead for several days, the head shall not be dispatched to the laboratory because decomposition of the brain is almost certain to have occurred.

The package containing the head should be directed to the Division of Laboratories, Illinois Department of Public Health, Capitol Building, Springfield, or to one of its branch laboratories located at Southern Illinois State Normal University, Carbondale; 1800 West Fillmore Street, Chicago; Cottage Hospital, Galesburg,

or to Department of Animal Pathology, University of Illinois, Urbana, or to the Chicago Board of Health (for Chicago residents and physicians only).

Who Should Take Preventive Treatment:

The fact that a person is or has been bitten by a dog or other animal does not mean that he should take the Pasteur treatment. The Pasteur treatment is necessary and is recommended for only those persons who have been exposed to the bite of a rabid animal or where the animal cannot be captured and held under observation for two weeks.

Persons, who should take the Pasteur anti-rabic treatment, may be classified as follows:

1. Those who have been bitten, scratched or otherwise wounded by an animal known to be rabid.
2. Those, who have fresh open wounds in the skin, which have been exposed to the saliva of an animal known to be rabid.
3. Those, who have been bitten or otherwise wounded by a sick animal, that has exhibited the symptoms of rabies, even though a definite diagnosis of rabies has not and cannot be made.
4. Those, who have been bitten by apparently healthy animals, that are or were subsequently destroyed or for other reasons have not and cannot be observed in the manner described above.

How to Obtain the Pasteur Treatment:

Rabies vaccine may be obtained, free of any local cost, for persons in the State of Illinois, who are considered in need of same, if they apply through the attending physician at the Laboratory of the Illinois Department of Public Health, 1800 West Fillmore Street, Chicago; or at Chicago Board of Health, 54 West Hubbard Street, if they are residents of Chicago; or down state at the Division of Communicable Diseases, Illinois Department of Public Health, Springfield; or at one of the state branch laboratories at Southern Illinois State Normal University, Carbondale; Cottage Hospital, Galesburg.

Control of Dogs:

By an Act of the General Assembly, the Illinois Department of Agriculture has been given certain powers to prevent the spread of rabies among dogs by restraint or prophylactic measures. Therefore, when an outbreak of rabies occurs, communication should be sent immediately to the Department of Agriculture, Springfield, that they may investigate and take the necessary action.

Following is a copy of the law mentioned above:

AN ACT TO PREVENT THE SPREAD OF RABIES

(Approved July 8, 1927, and as amended by Acts approved July 8, 1933)

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 1. For the purposes of this Act the term "dog" includes all animals of the canine species, both male and female.

Section 2. Whenever a case of rabies has occurred in a locality, the Department of Agriculture shall have power, and it shall be its duty, to prevent the spread of rabies among dogs and other animals. The Department of Agriculture shall have power to order that all dogs in the locality be:

1. Kept confined within an enclosure from which escape is impossible or
2. Kept muzzled and restrained by a leash composed of chain or other indestructible material, or
3. To further order all owners of (or) keepers of dogs to take such prophylactic measures, as the Department of Agriculture may deem necessary to prevent the spread of rabies.

The Department of Agriculture shall have power to determine the area of the locality and the duration of the period of time to which the above requirements shall apply.

Section 3. Any or all the orders of Section 2 of this Act, which may be ordered by the Department of Agriculture shall be at the expense of the owner or keeper of such dog, and if the owner or keeper fails or refuses to comply with the orders of the Department of Agriculture, he is guilty of a misdemeanor, and upon conviction shall be fined not less than twenty-five dollars ($25.00) nor more than one hundred dollars ($100.00) and the police officers, sheriffs, constables, or marshals may kill such dog.

Section 4. Any officers failing, refusing or neglecting to carry out the provisions of this Act shall, upon conviction, be fined not less than ten dollars nor more than fifty dollars.

ROCKY MOUNTAIN SPOTTED FEVER

Rocky Mountain spotted fever is an acute eruptive disease which is transmitted to man through the bite of an infected tick. Several species of rodents are the natural reservoir of this disease, the fox squirrel, cottontail rabbit and woodchuck being the most important in this section of the country, and it is from these animals that ticks become infected. Domestic animal hosts include the dog, sheep, goat, horse and cow. Human beings whose vocations or avocations take them into rural and wooded areas are the ones who contract the disease most frequently. The common wood tick, *Dermacentor andersoni*, becomes infected with the causative organism of Rocky Mountain spotted fever on drawing blood from infected animals, and the tick remains infected for the duration of its life. Most important, however, is the observation that the common dog tick, *Dermacentor variabilis*, can also transmit the disease, and a large proportion of cases of spotted fever which occurred during recent years have been traced to bites of dog ticks. The disease was recognized in Illinois for the first time in 1934, and increasing numbers of cases have been reported since that time as physicians became more familiar with it.

Symptoms:

Following a period of lassitude, loss of appetite and general body aching for one to three days, a severe chill occurs, which is followed by temperature ranging from 100-105 degrees. Severe headaches, muscle soreness, severe backache and pain in the joints is common. The body surface is sensitive to touch and the patient is very irritable. Usually from two to five days following the chill, a rash of rose-red macules appears upon the ankles, wrists and forearms, which disappears on pressure. The rash becomes more intense and spreads over the forehead, legs and chest, and sometimes involves the palms and soles. As the disease progresses the rash becomes darker in color and petechial in character, and lasts for two to three weeks. In some patients, nervous symptoms are very marked, with stupor, delirium and

coma. At this stage, an agglutination test (Weil-Felix) performed on blood from a patient with Rocky Mountain spotted fever will give a positive result. The fever gradually falls as the rash disappears over a period of two or three weeks, although in some cases marked discoloration persists for several weeks. There is no specific therapy for this disease. Analgesics for relief of pain and general supportive treatment are indicated.

General Control:

Control of this disease depends upon suppression of *Dermacentor andersoni* and related ticks in infected areas. It is believed that the dog tick is the common spreader in Illinois. Domestic animals obtain the ticks from pastures infested with ticks by wild rodents. Accordingly, if domestic animals are rendered tick free by using an arsenical dip, or by spraying or removing ticks by hand, the disease can largely be kept under control. It is apparent that the spotted fever organism is widespread in rodents in this State, and physicians should consider this disease in fevers of undetermined origin with a petechial eruption. Blood obtained from the patient during the second week of the disease should be sent to the laboratories of the Illinois Department of Public Health or the Chicago Board of Health for a Weil-Felix agglutination test. A positive Weil-Felix test in a dilution 1-160 or higher is diagnostic and a positive Weil-Felix in a dilution of 1-80 is suspicious of spotted fever or typhus.

Control of Case:

Every case and suspected case shall be reported to the local health authorities and on receipt of such a report, the local health authorities shall promptly notify the Illinois Department of Public Health; and the Department will send a representative to confirm diagnosis and to instruct the local health authorities in administrative control. The patient should be isolated, but placarding of the premises is unnecessary, because the disease is not transmitted from man to man.

SCARLET FEVER

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* Shall be investigated promptly by the local health authority.
3. *Premises* shall be *placarded.* See pages 49, 50.
4. All cases shall be *quarantined* for a minimum period of twenty-one days after onset and thereafter until the nose, throat, glands and ears are normal on inspection and until the physician reports complete clinical recovery. A surgical dressing shall be worn over the discharging area. However, if the complication has not disappeared at the end of forty-five days, the patient may be released from quarantine; provided, that bacteriological* culture of the discharge shows no hemolytic streptococci present.

* Special media for this purpose will be sent upon request by the State Laboratory.

5. All *cases* shall be *excluded* from school and all public gatherings and from handling food, milk or milk products, etc., until one week after termination of quarantine.
6. *Special restrictions*, when case occurs on a *farm*, *dairy*, *home* of a *distributor* of milk or milk products, etc., see pages 44-45.
7. For *removal* of case, see restrictions on pages 37, 38.
8. *Hospitalization* of cases in general hospitals, see pages 40-43.
9. *Concurrent* and *terminal disinfection* are *required*. See pages 46-48.
10. Conduct of *funeral*, see pages 51-56.

Control of Contacts:

1. No one other than the wage earner, attending physician, minister of the gospel, local or State health authorities or their duly authorized representatives, shall enter or leave the quarantined premises until the quarantine has been terminated. However, visiting nurses, with the approval of the local health authority, may enter and leave quarantined premises if they have been trained* properly in the care and control of communicable diseases. Children of the family may be permitted the freedom of the private porch and yard, provided they do not come in contact with other children, otherwise they shall remain in the house.
2. The wage earner may be permitted to continue his work provided he is over sixteen years of age, has no direct or indirect contact with the patient and is not a food handler (see definition, pages 30, 31), or a school teacher, or employed around a school or other place where there are children, and provided also that permission is granted in writing by the local health authority. This privilege is granted solely for the purpose of permitting the wage earner to continue his occupation and he shall not enter any other premises not in line with his employment. If a wage earner violates these restrictions, he shall be placed under quarantine, unless he moves to another address and continues to live there during the quarantine period.
3. In consideration of this modification of quarantine, the local health authority shall agree to visit and inspect the quarantined premises at least twice weekly in order to be assured that adequate isolation is being practiced. It should be understood that this is not a blanket privilege for a wage earner, and that permission for this type of modified quarantine will be rescinded by the Illinois Department of Public Health if local health authority does not insist on proper isolation** of patient.
4. With permission of the local health authority, adults, children, food handlers, school teachers and others employed around a school or place where there are children, after a bath and change to clean clothing, which has not been contaminated, may be removed from the quarantined premises to another household where none but adults or none but adults and

* See page 40.
** See page 37.

immune children reside. Adults, teachers, immune food handlers and immune children may go about their usual business, provided they do not again enter the quarantined premises. Non-immune food handlers shall be kept under daily observation and control and away from non-immune children for a period of seven days from date of removal, and non-immune children shall be quarantined for seven days from date of removal, at the end of which period, they may resume their usual occupations or return to school on presentation of a certificate from a regularly licensed physician stating they do not show any signs of illness.

5. Non-immune children, who continue to reside on quarantined premises, may return to school upon termination of quarantine. Where quarantine is terminated by removal of case to hospital or death of patient, non-immune children shall be excluded from school for one week from date of such removal or death of patient.
6. No restrictions on teachers and immune children, who have been in close and long-continued contact with a case but do not live on quarantined premises.
7. Non-immune children, who have been in close and long-continued contact with a case but who do not live on the quarantined premises, shall be quarantined for one week from date of last exposure.

Immunity to Scarlet Fever:

(a) By having had the disease at some previous time and having fully recovered and this fact has been made a matter of record with the local health officer at the time of the illness. If official records are not available, physicians may certify in writing or parents may make an affidavit that the person in question had scarlet fever at a previous date and was quarantined for scarlet fever by the board of health.

(b) If the Dick skin test, performed by a physician, is found negative.

(c) Having been inoculated with adequate doses of scarlet fever streptococcus toxin as shown by a recent negative Dick test.

(d) For three weeks after inoculation with adequate doses of convalescent serum as shown by a negative Dick test.

Control of Contacts when a Case Occurs in School:

1. When a case occurs in school, the health officer shall notify the school authorities and all children in the room shall be placed under daily medical or nursing observation for seven days for any signs of illness. Any child with suggestive symptoms shall be excluded from school and the health officer notified.

General Measures:

1. Parents of contacts should be instructed to call the family physician on the first appearance of sore throat, chill, rise in temperature or rash.

2. When a case occurs in a school, there shall be a daily observation of the children by a physician or a nurse for a period of seven days from last day case was in school.
3. Where scarlet fever is epidemic or threatens to become epidemic in institutions, it is recommended that cultures be taken and persons found to be carriers of the causative organism shall be segregated.

STREPTOCOCCUS (SEPTIC) SORE THROAT

(Hemolytic Streptococcus Sore Throat)

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* Shall be investigated promptly by the local health authority to determine, if possible, source of infection, especially the relation of milk to the case, and to confirm diagnosis in suspected cases.
3. *Premises* need *not* be *placarded* nor *quarantined.*
4. Case or suspected case shall be *isolated* during the clinical course of the disease, during convalescence and until complete clinical recovery. Patient shall be *excluded* from participation in the production or handling of milk, milk products or other foods likely to be consumed raw for one week following complete clinical recovery.
5. Case or suspected case shall be *excluded* from school and all public gatherings until complete clinical recovery.
6. *Special restrictions,* when case occurs on a *farm, dairy, home* of a *distributor* of milk or milk products, etc., see pages 44-45.
7. For *removal* of patient, see restrictions on pages 37, 38.
8. Concurrent and terminal disinfection are required. See pages 46-48.

Control of Contacts:

1. Children need not be excluded from school.
2. Contacts in the home shall not engage in the handling of milk or food for public consumption unless they move to other premises during the period of quarantine. If such contacts have continued to live on the premises during the illness of the patient, they shall not resume their usual occupation until complete clinical recovery of the patient.

General Measures:

1. The causative agent of this disease is a *Streptococcus,* which is difficult to differentiate from that causing scarlet fever or other types of so-called streptococcus sore throats.
2. The disease is usually spread through the drinking of raw or imperfectly pasteurized milk that has become contaminated by a human carrier. A carrier may infect the udder of a cow and thus indirectly cause an epidemic, or he may directly infect the milk at some stage of preparation for human consumption.

3. The sale of the suspected milk should be promptly stopped and every effort made to trace the source of infection. Milk containers should not be removed from infected homes until after clinical recovery of the case or cases, and provision must be made for their efficient sterilization. Pasteurization of all milk should be required.

SMALLPOX

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. Report shall be made by telephone, where possible, followed by a written report. See Chapter V, pages 34, 35.
2. *Investigations:* Case shall be investigated by local health authority. See pages 35, 36.
3. *Premises* shall be *placarded.* See pages 49, 50.
4. Patient shall be *isolated* in a separate room and no one except nurse or attendant shall come in contact with patient during his illness.
5. *Quarantine* may be terminated when the last smallpox patient on the premises has been in quarantine for a minimum period of three weeks and when all scabs have disappeared and the skin is entirely clean and the "seeds" have disappeared or have been removed from the palms of the hands and soles of the feet; and when all non-immune members of the household shall have been successfully vaccinated or placed under quarantine as contacts for an additional period of sixteen days or until five days after a successful "take" has been obtained, provided vaccination was performed within forty-eight hours of the first exposure and furthermore none shall show evidence of illness.
6. Patient may *return* to *school* immediately after termination of quarantine.
7. *Special restrictions,* when case occurs on a *farm, dairy, home* of a *distributor* of milk or milk products, etc., see pages 44-45.
8. For *removal* of patient, see restrictions on pages 37,38.
9. *Hospitalization* of cases in general hospitals not permitted.
10. *Concurrent* and *terminal disinfection* are *required.* See pages 46-48.
11. Conduct of *funeral,* see pages 51-56.

Control of Contacts:

1. The handling of smallpox contacts depends upon whether they are immune or non-immune. A person may be considered immune under the following conditions:
   (a) By having had the disease at some previous time and furnishing satisfactory evidence of same to the local health officer.
   (b) By successful external vaccination* with fresh cowpox vaccine, not more than five years having elapsed since such vaccination.

* See pages 96-98.

(c) By having had one or more successful external vaccinations, more than five years having elapsed since such vaccination and on an attempt at revaccination giving an immunity reaction. (By immunity reaction is meant the local redness and associated phenomena which follow forty-eight to seventy-two hours after the act of attempted vaccination and which reaches its height and is passed before seventy-two hours. In this case, the reaction indicates a reaction of immunity—immediate reaction. The time element of this reaction is of prime importance. If the papule and areola do not appear until the third day and there is no vesiculation, the reaction is not that of immunity but is due to an impotent vaccine, and the vaccination should be repeated with a fresh lot. Also with vaccine of less than full potency, a reaction similar to a reaction of immunity may be produced in a person who is not fully immune. This cannot be considered an immunity reaction.)

An immunity reaction proves than the individual already is immune by reason of a prior attack of smallpox or by vaccination.

2. *Immune contacts in the same household with the patient*—Groups* (a) and (b) after a bath and change to clean clothing, which has not been contaminated, may be released to live elsewhere, after first submitting to a revaccination and children may return to school. Group (c) shall be held in quarantine until it is definitely determined that the reaction following attempted vaccination is an immunity reaction. However, if an immunity reaction is not obtained but vaccination was performed within forty-eight hours of first exposure, after a bath and change to clean clothing, they may be permitted to live elsewhere, provided the local health authority agrees to keep them under daily medical observation for sixteen days from date of last exposure and then may return to school. If groups (a), (b) and (c) continue to live in the same household with patient, they shall remain in quarantine and shall be excluded from school until the case is released.

3. *Immune contacts, who do not live in the same household with patient*—Groups* (a) and (b) need not be quarantined and Group (c) need not be quarantined if vaccinated within seventy-two hours following first exposure; however, Group (c) shall be kept under daily medical observation until an immunity reaction is obtained or until sixteen days from date of last exposure.

4. *Non-immune contacts in the same household with the patient*—Those, who are not vaccinated within forty-eight hours from date of first exposure, shall be quarantined for sixteen days from date of last exposure. Those, who are vaccinated within forty-eight hours from date of first exposure, after a bath and change to clean clothing, may be permitted to live elsewhere, provided five days have elapsed from

* See page 94.

date of successful "take". However, if they continue to live on quarantined premises, they shall remain on same until termination of quarantine, after which they may return to school.

5. *Non-immune contacts, who do not live in the same household with patient*—Shall be quarantined and excluded from school for sixteen days from date of last exposure or until five days after a successful "take" is obtained, provided they were vaccinated within seventy-two hours from date of first exposure.
6. *Upon death or removal of patient to a hospital*, all non-immune contacts in good health but not yet successfully vaccinated shall be quarantined as smallpox contacts for a period of sixteen days after such death or removal or at least until five days after a successful "take" has been secured following vaccination within forty-eight hours after first exposure. Immune members of the household, after a vaccination, bath and change to clean clothing, may go about their usual business under a daily medical observation.

General Measures:

1. General vaccination of all non-immune persons in the community, where case exists, should be urged.
2. The board of health and the board of education or the school trustees are advised and urged to have vaccinated against smallpox, all pupils who are not successfully vaccinated, and to provide this protection for all such pupils whose parents request this service in writing and are unable to pay the family physician for it.
3. The Statutes of Illinois do not touch on the subject of compulsory vaccination against smallpox; however, the Supreme Court of Illinois has held that an order of a board of health or board of education, requiring the exclusion of unvaccinated children from schools, when smallpox exists in the community or vicinity, is legal and enforceable. If this power may be exercised by a department of a municipality, the authority of a municipality to require such exclusion by ordinance, when smallpox exists in the community or vicinity, can hardly be questioned. The order of the board of health or board of education of a municipality can apply only to the schools within the limits of the municipality. When smallpox exists in country districts, outside of municipalities, the order for the exclusion of unvaccinated children should come from the township board of health in counties under township organization or from the county board of health in counties not under township organization or from the board of directors of school districts in a township or precinct.

Approved Method of Vaccination

The skin of the upper arm in the region of the depression formed by the insertion of the deltoid muscle should be gently but thoroughly cleansed with 50% alcohol or acetone on sterile gauze or cotton and wiped or allowed to dry for a few seconds.

The multiple pressure method: In each package of capillary tubes there will be found a perforated rubber bulb with a diaphragm across the interior of the neck. Push an unbroken capillary tube through the neck of the bulb until about a quarter of an inch of the capillary tube appears beyond the bulb. Break the tip which has been pushed through and withdraw the tube until the broken end lies in the neck of the bulb. With sterile gauze, break the other tip of the capillary tube and drop the contents on the spot to be vaccinated by squeezing the bulb with the finger over the perforation.

The needle, which should be new, sharp, and sterile, is held parallel to the skin, with the forefinger and middle finger of the right hand above the needle and the thumb below, the needle pointing to the operator's left. The needle should be crosswise of the arm, so that the thumb of the operator does not interfere by hitting the skin. The side of the needle point is then pressed very firmly and rapidly into the drop about twenty to thirty times within five seconds (ten times for primary vaccinations), covering an area not over one-eighth of an inch in diameter. The area covered by the pressures can be kept small by steadying the last two fingers of one's hand against the arm of the person being vaccinated and by moving the hand from the wrist only. This rapid up-and-down motion of lifting the needle and pressing it against the skin should be quite perpendicular to the skin and needle and not in the direction of the long axis of the needle. The point is not driven into the skin, but at each pressure the elasticity of the skin will pull a fraction of an inch of the epidermis over the point of the needle so that the vaccine is carried into the deeper layers of the epidermis. If the skin has not been unduly rubbed in cleansing and if the pressure is entirely perpendicular to the needle, no signs of bleeding should occur and all evidence of trauma will fade out in less than six hours. Immediately after the pressures have been made, the remaining vaccine is gently wiped off the skin with sterile gauze and the sleeve pulled down, the whole operation of pressing and wiping taking less than ten seconds. It is not necessary to rub the vaccine in, as with other methods.

The advantages of this method are its mildness and painlessness, the fact that it is more rapid than any other effectual and safe method, the very superficial implantation, the leaving of the epidermis nearly intact, the fact that no control site is necessary for estimating the amount of trauma in a reaction of immunity (since the evidence of trauma due to the operation has usually disappeared before the first observation for an early reaction is made), and the fact that the vaccine is wiped off immediately so that the uselessness of a dressing is obvious to the person vaccinated.

Precautions: The vaccination site should not be exposed to direct sunlight until dry. Dressings are unnecessary and are harmful if permitted to remain on the arm. The small vesicles produced by this method are reasonably tough and will dry without rupturing unless macerated by the excessive heat and moisture present under a vaccination shield or other non-mobile covering. This maceration is not prevented by the presence of openings in the vaccination shield. Vesicles and crusts should

be kept dry. If necessary to prevent the soiling of clothing, a fold of sterile gauze may be attached to the garment, not to the skin. Very rarely a severe "take" may require a few days of antiseptic dressings.

All primary vaccinations should be observed at the end of ten and fifteen days, and re-vaccinations should be observed in one to three days in order to detect a possible reaction of immunity. The vaccination should be considered successful as soon as this reaction of immunity appears and begins to subside, provided vaccine of full potency has been used. A test for full potency is that the vaccine should give more than fifty per cent of vaccinoid reactions in the group of people vaccinated more than ten years previously.

Small insertions are insisted upon because the diameter of the lesion is dependent upon the area of the insertion and the rapidity of healing is dependent upon the size of the lesion.

SYPHILIS

(See Venereal Diseases, pages 108-119.)

TRACHOMA

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Premises* need *not* be *placarded.*
3. Case shall be *isolated* during the persistence of the inflammation of the conjunctiva and discharges therefrom, unless patient is under the care of a physician and complies with the rules governing the control of this disease.
4. Case shall be *excluded* from school and all places of public gatherings during the communicable stage and until there is no longer any discharge from the eyelids.
5. For *removal* of patient, see restrictions on pages 37, 38.
6. *Concurrent disinfection* is *required.* See pages 46,47. *Terminal disinfection* is *not required.*

Control of Contacts:

1. No restrictions.

General Measures:

1. The attending physician and health officer shall give instructions as to the seriousness of this disease and its mode of spread.
2. Shall also advise the family as to importance of patient using individual towels, wash basins, sleeping alone, and family avoiding all direct and indirect contact with the discharges from the eyes of infected persons.
3. Whenever trachoma is prevalent in a community, the eyelids of school children and members of the patient's household shall be inspected to detect cases, and treatment should be urged for all active cases.

TRICHINIASIS

Control of Case:

1. Every case and suspected case shall be reported promptly to local health authorities; and on receipt of such report, the local health authorities shall promptly notify the Illinois Department of Public Health and a representative will be assigned to confirm diagnosis and to instruct the local health authorities in administrative control.

TUBERCULOSIS

Control of Case:

1. *Definition:* The term "open cases" of tuberculosis, as employed in these rules and regulations, shall apply to all cases of pulmonary tuberculosis, who produce sputum containing tubercle bacilli and all cases of tuberculosis other than the pulmonary form in which the tubercle bacilli are found in the discharge from process of the disease.
   (a) All such cases shall be considered "open cases" until three successive concentrated 24-hour specimens are found on laboratory examination to be negative to tubercle bacilli. These specimens shall be submitted at weekly intervals to a laboratory approved by the Illinois Department of Public Health.
   (b) All known cases of pulmonary tuberculosis in which a positive sputum has been obtained, shall be considered as "open cases" for at least a period of three months, and thereafter until three successive concentrated 24-hour specimens of sputum, collected at intervals of one week, shall have been found to contain no tubercle bacilli upon examination at a laboratory approved by the Illinois Department of Public Health, the physical examination and X-ray of the patient indicating that the type of tuberculosis present in the patient be such as would coincide with the findings of a negative sputum.
   (c) Persons having symptoms suggestive of tuberculosis shall be regarded as "suspect cases" of tuberculosis and shall be considered as having active tuberculosis until they have been definitely proven to be non-tuberculous by physical examinations and X-ray and such recognized laboratory methods as are considered essential.
2. *Reports:* Every "open case" and suspected case shall be reported promptly to the local and State health authorities. See pages 34, 35.
3. *Premises* need *not* be *placarded;* unless the patient violates the "Precautions to be Observed by Patient", paragraphs 1 to 7 inclusive, pages 100, 101.
4. *Case* need *not* be *excluded* from school unless tubercle bacilli are present in the sputum and other discharges.
5. "*Suspected*" cases shall be excluded from school until such a

time as determined by physical, X-ray and sputum examinations to be non-tuberculous or inactive.

6. No person with an "open case" of tuberculosis shall be employed as a school teacher, school employee, nursemaid, food handler, barber, bartender, etc., or in any other occupation endangering the health of others; however, "suspected" cases shall be excluded from the foregoing occupations until such a time as determined by physical, X-ray and sputum examinations to be non-tuberculous.
7. *Special restrictions*, when an "*open case*" or suspected case of tuberculosis occurs on a *farm*, *dairy*. *home* of a *distributor* of milk or milk products, etc. See pages 44-45.
8. For *removal* of an "open case," see restrictions on pages 37, 38, which shall be observed.
9. For *isolation* and *hospitalization* of "open cases," see pages 101-102.
10. *Concurrent* and *terminal disinfection* are required. See pages 46-48.
11. Relative to conduct of *funeral*, see pages 51-56.

Exclusion From Schools:

1. No person suffering from an "open case" of tuberculosis as defined under "*Open Cases*" shall be employed as a teacher in any school nor shall such a tuberculous person be employed or be permitted to serve in any capacity in or about a school building.
2. No child or young person suffering from an "open case" of tuberculosis shall be permitted to attend school or mingle with other children in or about school buildings or elsewhere.

Precautions to be Observed by Patient:

1. No person suffering from active or open tuberculosis, as defined under "Open Cases", shall occupy the same room as a bed chamber or sleeping room with any child.
2. All sputum and other discharges shall be destroyed and rendered sterile, by removing the sputum from the mouth by means of tissue paper, paper napkin, clean cloth or container and subsequently burning the same. If a glass or other container is used, it shall be cleansed after use with a strong disinfectant or boiled for a period of not less than fifteen minutes.
3. No tuberculous person shall spit upon floors, streets, walks or other public or private places, nor shall such person use spittoons or dispose of his sputum in any other way than as prescribed heretofore.
4. No tuberculous person shall cough without covering his mouth with paper, cloth or other material, which paper, cloth or material shall be promptly burned.
5. No person suffering from an "open case" of tuberculosis shall engage in nursing attendance or care of children or sick persons or in the handling of food for the public.
6. The patient shall be supplied with his own dishes and other food utensils, drinking cups, towels and all other articles that may become soiled with oral and nasal discharges and same be properly disinfected or destroyed upon termination of case.

7. It is the duty of the local health authority to enforce the observance of these precautions by persons suffering from "open" tuberculosis.

Inspection—Sputum Examination:

1. It shall be the duty of the health authority, upon receiving a report of a case of pulmonary tuberculosis to visit and inspect, or to cause to be visited and inspected by a duly authorized and competent agent, at such intervals as are practicable and necessary, the home of the patient to satisfy himself that reasonable precautions are being taken for the protection of the public and of the members of the household.

2. Likewise, it shall be the duty of the local health authority, from time to time during the illness of the patient, to cause specimens of sputum to be submitted and to cause the same to be examined at a laboratory approved by the Illinois Department of Public Health, for the purpose of determining whether or not the patient is to be regarded as an "open case" of pulmonary tuberculosis. These sputum specimens are to be submitted at intervals of at least three months.

Isolation and Hospitalization of "Open Case":

1. All "open cases" of tuberculosis shall be hospitalized where such facilities are available, if the necessary care to prevent infection of others is not being maintained. See "Precautions to be observed by Patients", pages 100, 101. Where hospital facilities are not available, and the patient not effectively isolated or cared for as stated above, all children under 16 years of age shall be removed from the premises. Where such person is isolated, the isolation quarters shall be appropriately and conspicuously placarded with a warning card not less than 6 by 10 inches in size, on which shall be printed in black with bold face type at least the following: **"TUBERCULOSIS"** in type not less than 1½ inches in height, and **"Keep Out"** in similar type not less than 1 inch in height. At the bottom of the card shall appear the words in small type "Any person, who violates these rules, subjects himself to a fine of not to exceed $200.00 for each offense, or imprisonment in the county jail not to exceed six months or both."

2. This warning card shall not be concealed from public view, shall not be mutilated or defaced and shall remain posted on the premises until removal by the local or state health authorities. Placard shall not be removed by the local or state health authorities until such time as satisfactory assurance can be given that these precautions will be strictly observed thereafter.

3. No child under sixteen years of age shall live in the same home, apartment or other place of abode or habitation occupied by a person suffering from active or "open" pulmonary tuberculosis, unless proper precautions are being observed as required under "Precautions to be Observed by Patient", and unless there is no contact between the

person suffering from active or "open" pulmonary tuberculosis and other members of the family.

Release from Sanatoria, Hospitals and Other Institutions:

1. When "open cases" of tuberculosis are released from sanatoria, hospitals or other institutions, the local health officer, in whose jurisdiction such "open case" expects to reside, shall be notified by these institutions. At the same time, notification of this release shall be sent to the Illinois Department of Public Health.

   Note: Because of provisions contained in the Glackin Act, paragraph 2, on page.... regarding the removal of a case or suspected case of communicable disease to another jurisdiction within this state is not required in this instance. However, if case is to be removed to another state, permission must first be obtained from the state of proposed removal of the patient.

Control of Contacts:

1. Home contacts, including adults and children, should have a physical examination and X-ray of the chest annually. This includes those who have been in contact with both an "open" case or a suspected case and when a tuberculin test is positive.

General Measures:

1. Teachers should have an annual physical examination and X-ray of the chest.
2. Visits to cases should be made by nurses with approval of attending physician to give instruction in care of case and in the protection of other members of the household.
3. The diagnosis of tuberculosis in childhood is very important. Most authorities recognize the fact that a majority of adult lesions result from childhood infection and resultant tuberculous disease. To determine the presence of the disease in childhood, we recommend the following investigative procedures:
   (a) History of contact to active tuberculosis;
   (b) Physical findings indicative of enlarged glands at the root of the lung or peripheral lung changes;
   (c) An annual X-ray film of the chest, studying particularly the lung parenchyma;
   (d) Tuberculin testing (Mantoux).

   The presence of a positive tuberculin reaction associated with findings on the Roentgen film indicating lung changes, is reason for careful supervision of the child on the basis of tuberculous disease.
4. Cases discharging bacilli of tuberculosis shall not be permitted to attend schools, engage in certain occupations such as teacher, barber, bartender, cook, waiter, kitchen helper, the handling of milk or any other occupation, which brings them in contact with food offered for sale or with young children.
5. Improvement of housing conditions and nutrition of the poor.
6. Ventilation and elimination of dust in industrial establishments and in places of public assembly.
7. Separation of babies from tuberculous mothers at birth.

TULAREMIA

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* Shall be investigated by local health authority to determine, if possible, source of infection and to confirm diagnosis in suspected cases. See Chapter V, pages 35, 36.
3. *Premises* need *not* be *placarded.*
4. *Case* shall be *excluded* from *school* and all public gatherings.
5. Case need *not* be *quarantined.*
6. *Concurrent disinfection* is *required.* See pages 46, 47.

Control of Contacts:

1. No restrictions.

General Measures:

1. Avoidance of the bites of or handling of flies and ticks, when working in the infected zones during the seasonal incidence of the deer fly and tick.
2. The use of rubber gloves by persons engaged in dressing wild rabbits wherever taken or when performing necropsies on infected laboratory animals. Employment of immune persons for dressing wild rabbits or conducting laboratory experiments. Thorough cooking of meat of wild rabbits.
3. Specimens of rabbits, especially livers, should be sent in proper containers to laboratory for examination.

TYPHOID AND PARATYPHOID FEVER

Control of Case:

1. *Reports:* Every case, suspected case and carrier shall be reported promptly to local and State health authorities. See Chapter V, pages 34, 35.
2. *Investigations:* Shall be investigated promptly by the local health authority.
3. *Premises* shall be *placarded.* See pages 49, 50.
4. Case shall be quarantined and isolated in a separate room, screened against flies and shall be excluded from school and all public gatherings until termination of quarantine. See "Release of Case", page 104.
5. *Special restrictions,* when case or carrier occurs on a *farm, dairy, home* of a *distributor* of milk or *milk products, etc.,* see pages 44-45.
6. For *removal* of case or carrier, see restrictions on pages 37, 38.
7. *Hospitalization* of cases and carriers in general hospitals, see pages 40-43.
8. Cases treated in hospitals shall secure the consent of the local board of health before being released from the hospital.
9. *Concurrent* and *terminal disinfection* are required. See pages 46-48.
10. Conduct of *funeral,* see pages 51-56.

Release of Case:

1. Shall not be released from quarantine until four successive negative specimens of feces and urine are obtained in the following manner: First specimen shall not be taken until at least seven days after the temperature is normal and the second specimen not earlier than seventy-two hours following the first specimen. The third specimen shall be taken one month after the second specimen and the fourth one month after the third. (The first two specimens are advised to be non-cathartic.) For food handlers, a fifth authenticated specimen, taken one month following the fourth specimen, is required. The third, fourth and fifth specimens shall be authenticated specimens, and shall be taken from the second or third bowel movement after a cathartic* has been given. All feces and urine specimens shall be sent to the laboratories of the Illinois Department of Public Health or to laboratories approved by it. No negative reports will be considered if the specimen has been in transit more than twenty-four hours.

   When the first two specimens of feces and urine have been submitted and the patient signs the required agreement for modified quarantine, the placard may be removed. (The agreement and the precautions to be observed are the same as for the carrier.) If any of the four specimens for release are positive, then four additional successive negative authenticated specimens are required to be taken one month apart.

2. Convalescent cases of typhoid or paratyphoid fever, who continue to harbor typhoid or paratyphoid bacilli in their feces or urine for three months after onset, shall be classed as temporary typhoid or paratyphoid carriers. If they continue to harbor the typhoid or paratyphoid bacilli for twelve months after the onset of illness, then, automatically, temporary carriers become chronic carriers.

Control of Contacts to Cases:

1. The attendant should be immunized upon taking charge of the case, if not already so protected within two years. All other persons residing on premises where there is a case, who are not protected by immunization within two years, should be immunized.

2. All contacts except food handlers, whether or not immunized, shall submit two specimens of feces and urine one week apart after a cathartic has been given and need not be quarantined during that time if cooperative, and do not come in contact with patient. *Food handlers*—Contacts in the home who are immunized and who are engaged in the production or handling of milk, cream, milk products and other foods, including all beverages, and who have submitted four successive negative specimens of feces and urine taken not earlier than four days apart, specimens to be collected from second or third bowel movement after a cathartic has been given, with permission of the local health authority, may be permitted to leave quarantined

* Cholagogic cathartic should be used—no mineral oil.

premises to live at some other address so that they may resume their usual occupations, provided they do not come in contact with any member of the family under quarantine and do not return to their former place of residence to live or visit until termination of quarantine. No negative reports will be considered if the specimen has been in transit more than twenty-four hours.

3. Nurses or attendants in institutions, who are in contact with a typhoid fever case, and continue to handle food served to well inmates, must submit four authentic successive negative specimens of feces and urine taken at four-day intervals obtained from the second or third bowel movement after a cathartic has been given and shall comply with restrictions and technique as noted in paragraph (a) page 42.

Control of Contacts to Carriers:

1. All persons residing on premises with a carrier and who are not protected by immunization within two years by three doses of typhoid vaccine should be immunized.
2. No person living on premises with a carrier, who has been granted modified quarantine, shall handle food or beverages for other than immediate members of his family. If any member of the household is a food handler by profession, he shall not be permitted to return to his usual occupation unless he moves to another address and has no further contact with the carrier, and before removal he shall submit four successive negative specimens of feces and urine taken not earlier than forty-eight hours apart, specimens to be collected from the second or third bowel movement after a cathartic has been given. No negative reports will be considered if the specimen has been in transit more than twenty-four hours.

Control of Typhoid and Paratyphoid Carriers:

1. Persons declared to be carriers may be granted a modified form of quarantine upon signing in quadruplicate a special form of agreement required by the Illinois Department of Public Health (See pages 106, 107), one signed copy filed with the local board of health, two signed copies forwarded to and kept on record by the Illinois Department of Public Health, and the fourth copy to be given to the carrier. The local board of health or representative shall visit or cause to be visited such carrier as often as is necessary to insure compliance with the above-mentioned agreement.
2. If a typhoid carrier becomes ill, for example, with pneumonia, and desires hospital care, the hospital shall be notified relative to his carrier status before being admitted as a patient, so that proper precautions may be taken. A nurse upon taking charge of the case at home also shall be informed for her protection.
3. When a chronic carrier desires to submit specimens of feces and urine for release HE SHALL GO TO A HOSPITAL, where a cathartic shall be given, and a specimen from the second or third bowel movement shall be sent to the central or to one of the branch laboratories of the Illinois

Department of Public Health or to a laboratory approved by it. A chronic typhoid carrier shall not be released from observation and the rules of modified quarantine until eight successive, negative, authentic, specimens of feces and urine taken not less than one month apart and two authentic negative bile specimens are obtained by direct tube drainage one week apart. The first bile specimen is to be taken approximately one month following the eighth feces and urine specimen. NO NEGATIVE AUTHENTIC SPECIMENS WILL BE CONSIDERED IF THE SPECIMEN HAS BEEN DELAYED IN TRANSIT AND IN NO INSTANCE IF MORE THAN TWENTY-FOUR HOURS HAVE ELAPSED BETWEEN THE COLLECTION OF THE SPECIMEN AND ITS EXAMINATION; HOWEVER, THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH RESERVES TO ITSELF THE RIGHT OF PASSING FINALLY UPON ALL EVIDENCE, WHICH MAY BE OBTAINED THEREBY.

TYPHOID CARRIER AGREEMENT FORM

....., Ill.

Date.....

Illinois Department of Public Health,
Springfield, Illinois.

Gentlemen:

I, ..., have this day been informed that my feces or urine contains typhoid or paratyphoid bacilli and that, unless special precautions are taken, other persons may get typhoid or paratyphoid fever from me directly or indirectly. Realizing this danger, I agree to observe the precautions which are required by the Illinois Department of Public Health and request that I be permitted to remain in free communication with other persons as long as I comply with these requirements necessary for the protection of the public health, which have been made clear to me and which I fully understand.

(a) I agree not to have anything to do with the production or handling of food, milk, milk products or drinks of any kind, nor with the preparation or cooking of foods which are to be consumed by others, nor to serve as an attendant in any capacity that would require the same, (nurses, etc.). I agree to wash my hands thoroughly with soap and water before each meal and come as little as possible in contact at the table with food that is consumed by others. Likewise, I agree not to go to the icebox or refrigerator in which food is kept to be consumed by others. (This rule need not apply to the housewife, who is a carrier, thirty days after all members of her family have been immunized with three injections of typhoid vaccine. It shall be provided and agreed that the housewife will not cook or serve food to others than her immediate immunized family. The housewife agrees not to serve food to visitors.)

(b) I agree that all dejecta (feces and urine) not passed into a toilet flushed with water and connected with a city sewer will be disinfected by me with a good disinfectant solution such as chloride of lime. I also agree to have at convenient places an adequate supply of suitable disinfectant for disinfecting any dejecta when a flush closet is not accessible. I agree if I have an outdoor toilet, to make it leach-proof and fly-proof.

(c) I agree to take every precaution possible to avoid the soiling of my hands or anything else with my dejecta either directly or indirectly. I agree to disinfect my underclothing with a suitable liquid disinfectant before sending it to the laundry.

(d) Each time after using the toilet, I agree to wash my hands with plenty of soap and water, before touching directly taps, door knobs, spigots, handles or vessels, etc., and to dry my hands well and not permit others to use my soap and towels.

(e) I agree not to bathe in any pool or other body of water frequented by other persons.

(f) I agree to inform the local health department and the Illinois Department of Public Health at Springfield of any contemplated change from my present address, so that I may receive the required permission for such change in address.

(g) I understand if I violate any of the above restrictions or endanger the public health in any way, that I shall lose the privileges granted me under this modified quarantine and that I shall be quarantined, the premises placarded, and I shall be subject to prosecution.

(h) I understand that every six months I shall be subject to contact by a representative of the Illinois Department of Public Health to ascertain whether or not I have lived up to the restrictions imposed by the typhoid carrier agreement, which I hereby sign.

Signed.....(Carrier)

Permission is hereby granted to....., a carrier of typhoid bacilli, to mingle with the public at large and to resume his usual occupation as..... (BUT NOT AS A FOOD HANDLER), as long as he complies with the foregoing restrictions.

Signed .....
Title

Health Jurisdiction .....

Dated .....

Approved.....M. D.
Illinois Department of Public Health

Dated.....

Immunity to Typhoid Fever:

(a) By having had the disease at some previous time and having fully recovered and this fact has been made a matter of record with the local health officer at the time of the illness. If official records are not available, physicians may certify in writing or parents may make an affidavit that the person in question had typhoid fever at a previous date and was quarantined for typhoid fever by the board of health, and adults also may certify that they had the disease, etc.

(b) By the inoculation with two and one-half billion of dead typhoid bacilli given in three separate doses one week apart, not more than two years having elapsed since the inoculation.

General Measures:

1. Protection and purification of public water supplies.
2. Pasteurization of public milk supplies.
3. Supervision of other food supplies and of food handlers.
4. Prevention of fly breeding.
5. Sanitary disposal of human excreta.
6. Extension of immunization by vaccination as far as practicable in communities where the disease is prevalent.
7. Supervision of typhoid and paratyphoid carriers to see that they are living up to the restrictions imposed by the rules of the Illinois Department of Public Health.

TYPHUS FEVER

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See pages 34, 35.
2. *Investigations:* Shall be investigated promptly by local health authority to determine, if possible, source of infection and to confirm diagnosis. See pages 35, 36.

3. *Premises* shall be *placarded.* See pages 49, 50.
4. *Case* shall be *quarantined* and *isolated* until complete clinical recovery.
5. For *removal* of patient, see restrictions on pages 37,38.
6. *Concurrent* and *terminal disinfection* are required. See pages 46-48. All vermin and vermin eggs on body of patient and on clothing and articles in room shall be destroyed.
7. Conduct of *funeral,* see pages 51-56.

Control of Contacts:

1. Contacts shall be excluded from all public gatherings until termination of quarantine.

General Measures:

1. Delousing of persons, clothing and premises during epidemics or when they have come or have been brought into an uninfected area from an infected community.

UNDULANT AND MALTA FEVER

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and state health authorities. See pages 34, 35.
2. *Investigations:* Shall be investigated by the local health authority to determine, if possible, source of infection and to confirm diagnosis in suspected cases.
3. *Premises* need *not* be *placarded.*
4. Case shall not assist in the production or handling of milk, cream, milk products or other foods likely to be consumed raw until after complete clinical recovery.
5. *Special restrictions,* when case occurs on a *farm, dairy, home* of a *distributor* of *milk* or *milk products,* etc., see pages 44-45.
6. For *removal* of patient, see restrictions on pages
7. *Concurrent* and *terminal disinfection* are required. See pages 46-48.

Control of Contacts:

1. No restrictions.

DETAILED PROCEDURE FOR THE ADMINISTRATIVE CONTROL OF VENEREAL DISEASES

(Syphilis, Gonorrhea, Chancroid, Granuloma Inguinale, and Lymphogranuloma Venereum)

RULE 1. Syphilis, gonorrhea, chancroid, lymphogranuloma venereum and granuloma inguinale, hereinafter designated venereal diseases are hereby recognized and declared to be contagious, infectious, communicable and dangerous to the public health.

A suspected venereal contact is a person, who has been in close, intimate contact with a case of venereal disease or an

infective carrier. A suspected venereal contact remains such for ten days in the case of gonorrhea, one month in the case of syphilis and ten days in the case of chancroid, unless he, in the meantime becomes a case.

A food handler is a person, who handles food during the processes of production, preparation, packaging or sale if the food is not contained in tightly closed containers, and if it is commonly or usually eaten without further cooking equivalent to boiling, or if the outside peeling or covering is not usually or commonly removed. All persons handling milk, cream, cheese, and similar dairy products or whose occupation is that of cook, waiter, or helper in a kitchen or dining room, shall be considered to be included as a food handler.

RULE 2. VENEREAL DISEASES TO BE REPORTED—BY AND TO WHOM:

(a) It shall be the duty of every physician, drugless healer, nurse, attendant, druggist or pharmacist, laboratory worker, dentist, superintendent, or principal directing officer of a hospital, jail, house of correction, asylum, home or similar institution, or other person having knowledge of a known or suspected case of venereal disease, to promptly report such cases to the local health authorities.

(b) In cities, towns or villages of 5,000 population or less, the physician or other person making the report shall report either to the local health officer, or directly to the Illinois Department of Public Health at Springfield. Reports of cases of venereal diseases in cities, towns, or villages which have a full-time health officer, shall be made directly to that officer.

(c) Upon receipt of a report of venereal disease, the local health authority shall within twenty-four hours forward a copy of the same to the Illinois Department of Public Health, Springfield, except in cities having a health department with adequate personnel and a full-time medical health officer or commissioner in charge, the Director of the Illinois Department of Public Health may agree to accept daily tabulated reports and monthly and annual statistical reports from such cities.

(d) All information and reports concerning persons infected with venereal diseases shall be confidential and shall be inaccessible to the public. No names or addresses shall be divulged except upon order of the court or by authorization of the patient.

(e) Cases of venereal disease shall be reported on special forms furnished by the Illinois Department of Public Health to the physicians, or in cities having a population of 500,000 or over, the reports will be made on similar forms furnished by the local health department.

(f) All venereal disease reports shall state either the name and address, or the key or code number, address, age, sex, color, marital status, number of children, occupation, name and address of employer of the patient, as well as the diagnosis, laboratory findings, name and address of the probable source of infection, and the name and address of those who may have been exposed to the patient.

RULE 3. STANDARDS WHICH SHALL GOVERN IN DETERMINING THE INFECTIVITY OF AND THE PERIOD OF CONTROL AND TREATMENT OF PERSONS SUSPECTED OF BEING INFECTED, OR HAVING BEEN FOUND TO BE INFECTED WITH A VENEREAL DISEASE:

A. Acute and Chronic Gonorrhea:

(a) A diagnosis of infectious gonorrhea will only be established when a person with or without (gonococcus carrier) clinical signs, symptoms and history of acute gonorrhea is found to have positive laboratory findings, such as:

1. Typical culture of gonococcus.
2. A positive smear of gram negative intracellular diplococci typical of gonococcus in form and arrangement.

(b) The period of control and treatment in all cases of gonorrhea shall be based upon the following criteria for cure:

MALE:

1. Freedom from discharge.
2. Clear urine.
3. Urethral smears (Gram's stains) must be negative for gonococci on two successive examinations at intervals of not less than forty-eight hours.
4. Prostatic smears negative to gonococci on two successive tests.
5. Provocative measures (injection of silver nitrate following passage of urethral sounds) should result in negative smears on examination of the discharge.
6. Cultures negative whenever the facilities for doing same are available.

FEMALE:

1. No unusual vaginal discharge.
2. Two successive negative examinations for gonococci of the secretions of the urethra, vagina and of the cervix with an interval of at least forty-eight hours, and repeated for four successive weeks. These smears should be taken from the secretions of Skenes or Bartholin's glands, from the secretions expressed from the urethra or from the cervix after all secretions have been mopped away from the external os.
3. Provocative measures (injection of silver nitrate following passage of urethral sounds) should result in negative smears on examination of the discharge.
4. Cultures negative whenever the facilities for doing same are available.

B. Syphilis:

(a) Classifications:

The classification of syphilis which is set up as a standard for all cases of syphilis reported by private physicians and clinics to the Illinois Department of Public Health, Springfield, and the Board of Health, Chicago, is as follows:

1. *PRIMARY*—(Chancre present)
2. *SECONDARY* — Skin, mucous membrane, alopecia
   Early eye infection
   Early central nervous system
3. *ASYMPTOMATIC OF FOUR YEARS OR LESS DURATION*
4. *ASYMPTOMATIC OF MORE THAN FOUR YEARS DURATION*
5. *CARDIOVASCULAR*—Uncomplicated aortitis
   Aortic regurgitation
   Aneurysm
   Other, or undetermined
6. *NEUROSYPHILIS*—Asymptomatic — spinal fluid changes only
   Tabes dorsalis
   Paresis
   Other, or undetermined
7. *OTHER LATE SYPHILIS THAN ABOVE*
   Skin Liver
   Bone Other Visceral
8. *PRENATAL* (Congenital — Infected before birth. Clinical or laboratory evidence.)
   Interstitial Keratitis
   Other, or undetermined

(b) Diagnosis:

A diagnosis of infectious or early syphilis will only be established when a person with or without clinical signs, symptoms and history, is found to have positive laboratory findings as follows:

1. Darkfield examination reveals Treponema pallidum.
2. Positive serological test by a method approved by the Illinois Department of Public Health.

A diagnosis of late syphilis will only be established when a person with or without clinical signs, symptoms and history, is found to have positive laboratory findings as follows:

Positive blood serology findings, and/or a positive spinal fluid examination.

Persons with positive blood serology are regarded as infectious when late manifestations (such as gumma) have broken down as open sores.

(c) The period of control and treatment in all cases of syphilis shall be based upon the following:

1. A case may be considered non-infectious when the patient has received a minimum amount of continuous uninterrupted treatment of twenty intravenous injections of an arsenical and twenty intramuscular injections of a heavy metal, or an equivalent amount of oral treatment.
2. When there is an absence of signs and symptoms of infective syphilis, such as ulcers, discharging lesions, and condylomata.
3. When negative blood serology tests and spinal fluid tests, approved by the Illinois Department of Public Health, are obtained.
4. Wassermann resistant, or Wassermann fast cases will be considered non-infectious only if they have received a minimum of two years of continuous, uninterrupted treatment.

C. Syphilis in Pregnancy:

The text of the law on Prenatal Blood Tests, enacted July 1, 1939, provides:

SECTION 1. Every physician, or other person, attending in a professional capacity a pregnant woman in Illinois, shall take or cause to be taken a sample of blood of such woman at the time of the first examination. Said blood specimen shall be submitted to a laboratory approved by the State Department of Public Health for a serological test for syphilis, approved by the State Department of Public Health. In the event that any such test shall show a positive or doubtful result, a second test shall be made. Such serological test or tests shall, upon request of any physician in the State, be made free of charge by the State Department of Public Health or the Health Department of cities, villages and incorporated towns maintaining Health Departments.

SECTION 2. In reporting every birth or stillbirth, physicians and others required to make such reports shall state on the birth certificate or stillbirth certificate, as the case may be, whether a blood test for syphilis has been made upon a specimen of blood taken from the woman who bore the child for which a birth or stillbirth certificate is filed, together with the date when the blood specimen was taken and the name of the laboratory making the test. In no event shall the birth or stillbirth certificate state the result of the test.

SECTION 3. This act shall be administered by the State Department of Public Health.

D. Chancroid:

(a) A diagnosis of chancroid will only be established when a person with or without clinical signs, symptoms, and history, is found to have the following criteria:

1. A positive smear for Ducrey organisms.
2. Positive Ducrey skin reaction.
3. Negative Darkfield.
4. Negative Wassermann.
5. Negative Frei test.

(b) Treatment:

Cases of chancroid shall be kept under control and treatment until all ulcers and discharging bubos are fully healed.

E. Lymphogranuloma Venereum:

(a) A diagnosis of lymphogranuloma venereum will only be established when a person with or without signs, symptoms and history is found to have:

1. A positive Frei test.
2. A negative Darkfield.
3. Negative blood serology.

(b) Treatment:

Lymphogranuloma venereum shall be kept under control and treatment until all skin lesions are fully healed.

F. Granuloma Inguinale:

(a) A diagnosis of granuloma inguinale will only be established when a person with or without clinical symptoms, signs and history is found to have:

1. Laboratory findings of typical Donovan-like bodies.
2. Negative Darkfield.
3. Negative blood serology.

(b) Cases of granuloma inguinale shall be kept under control and treatment until all skin lesions are fully healed.

RULE 4. LABORATORY DIAGNOSIS:

The local health authorities or the Illinois Department of Public Health may require specimens from cases of venereal diseases for the purpose of laboratory examinations. When required to do so either by the local health authorities or by the Illinois Department of Public Health, physicians treating cases of venereal disease shall submit specimens for such examination.

Public and private diagnostic laboratories shall report to the local health authorities all examinations for gonorrhea, syphilis, chancroid and granuloma inguinale, and lymphogranuloma venereum, which gave positive results by the standard methods. (In examining for venereal disease, standard methods approved by the Illinois Department of Public Health

shall be employed.) These reports shall state the name and address of the physician or other person submitting specimen, the diagnosis, the method employed and the date. The reports shall be mailed within twenty-four hours of the completion of the examination. The local health authority shall keep a record of each laboratory reporting, dates of receipts of reports, serial number of reports, diagnosis, and names of physicians or others for whom examinations of tests were made, and submit a monthly report of all positive cases of venereal diseases to the local health department in cities over 500,000 population. Cities, towns, and villages of 5,000 population or less shall report monthly to the Illinois Department of Public Health.

RULE 5. REPORT OF TERMINATION OF CASE:

Upon termination of treatment of a case of venereal disease, which has been reported by case or key number, the attending physician shall report the fact to the local health authorities or to the health authority, to whom the original report was made, giving name (case or key number), the date upon which the case was terminated and upon what grounds the case was terminated (i.e., cured, transferred to another physician, lapsed treatment, or died, etc.). If the diseased person lapses treatment and is still in an infectious condition, the physician shall advise such diseased person that further treatment is necessary and if no notification of transfer to another physician has been received by him after lapse of treatment within ten days, the name and address of such patient shall be reported to the local health authority or to the health authority to whom the original report was made.

RULE 6. INFORMATION AND ADVICE:

Persons afflicted with venereal diseases are to be given a circular of information. It shall be the duty of every physician who treats venereal diseases to give to the patient or to a responsible member of his family or to his guardian a circular of information and advice concerning venereal diseases, furnished by the Illinois Department of Public Health.

RULE 7. CHANGE OF PHYSICIAN:

A physician upon being applied to for treatment by a person infected with a venereal disease, shall ascertain from such person whether or not he has previously consulted or been treated by any other physician for the disease from which he is suffering and shall ascertain the name and address of the physician. He shall then report to him that the patient has changed physicians.

RULE 8. EXPOSURE OF OTHERS TO INFECTION PROHIBITED:

It shall be unlawful for any person, knowing himself or herself to be venereally infected, to inoculate any other person with any venereal disease or to perform or commit any act which exposes any other person to inoculation of or infection with any of the said diseases.

RULE 9. REPORTS BY LOCAL AUTHORITY TO OVERSEER OF THE POOR—WHEN:

Upon being notified of a case of venereal disease in any person, who is unable to pay for the necessary medicine, medical attention or hospital care, the local health authority in towns or cities in which there are no approved clinics shall report the case to the overseer of the poor or to the county agent, and this officer shall supply such medicine, medical attention and hospital care.

SEGREGATION AND TREATMENT OF DISEASED PERSONS

AN ACT to enable counties or cities to segregate and treat persons suffering from certain communicable diseases. (Approved June 28, 1919. In force July 1, L. 1919, p. 589.)

COUNTY OR CITY AUTHORIZED TO SEGREGATE AND TREAT DISEASED PERSONS.] Sec. 1. *Be it enacted by the People of the State of Illinois, represented in the General Assembly:* That any county or city may by ordinance or order provide for the segregation and treatment of persons suffering from communicable venereal diseases.

HOSPITALS.] Sec. 2. Such counties or cities may provide for the procurement and maintenance of hospitals, sanitaria or clinics or for the segregation or treatment in hospitals, sanitaria or clinics already established and pay the cost and expenses thereof from the public funds of such county or city.

WHO TO ADMIT.] Sec. 3. Any person suffering from any communicable venereal disease may apply to the county or city clerk, the clerk of any County or City Court or to any peace officer for admission to treatment in such county or city hospital, sanitarium or clinic and it shall be the duty of such officer to refer such applicants to the director or persons in charge of such institution to treat such applicant as the case may require.

PERSONS CHARGED WITH CRIME TO BE TREATED.] Sec. 4. When it appears to any judge or justice of the peace from the evidence or otherwise that any person coming before him on any criminal charge may be suffering from any communicable venereal disease, it shall be the duty of such judge or justice of the peace to refer such person to the director of such hospital, sanitarium or clinic, or to such other officer as shall be selected or appointed, for the purpose of examining the accused person, and if such person be found to be suffering from any communicable venereal disease, he or she may by order of the court be sent for treatment to a hospital, sanitarium or clinic if any be available and if necessary to be segregated for such term as the court may impose at such hospital, sanitarium or clinic.

RULE 10. RULES FOR ISOLATION, CONTROL AND QUARANTINE:

By isolation is meant the separating of a person or persons, suffering from a communicable disease or carriers of the infecting organisms, from other persons, in such places and under such conditions as will prevent the direct or indirect conveyance of the infectious agent to non-immune persons.

By quarantine is meant the limitation of freedom of movement of any person infected with a venereal disease, or who has been exposed to a venereal disease and is capable of spreading infection, for the definite period of time stated in these rules.

Cases of venereal disease in an infective stage are subject to the following:

1. The local health authority shall define the limits of the area in which the diseased person and his immediate attendant are to be isolated. No person other than the attending physician shall enter or leave this area without permission from the local health authority. All possible routes or avenues of infection must be closed.

2. The diseased person, whether confined in a given area or allowed to circulate at will, shall not engage in any of the following occupations while infectious:

   In the preparation and handling of foodstuffs.
   In the work of a barber, manicurist, nursemaid or hair dresser.
   In work of caring for the sick in the capacity of physician, healer, dentist, or nurse.
   Or, in any other occupation, the nature of which is such, that there is likelihood that the disease may be imparted to others in the course of the occupation.

3. Wherever possible, cases of venereal disease subject to isolation and quarantine should be cared for in hospitals.

4. No prostitutes, suspected prostitutes or habitual associates of prostitutes, or other persons under quarantine or isolation shall be released from quarantine until the local health authority has determined that such persons are no longer infectious by laboratory and clinical tests.

5. No patient under treatment by a physician, who has assumed responsibility that the patient will observe proper precaution to prevent the spread of the disease, shall be pronounced cured or released from control or quarantine until he has been pronounced non-infectious after applying standard clinical and laboratory tests, approved by the Illinois Department of Public Health.

6. It is unlawful for any person to aid or abet another person in violating quarantine after it has been established. It is a misdemeanor and subject to the same penalties as set forth on page 27.

7. Any school child who is suffering from infective venereal disease shall be excluded from school; he shall be re-admitted only after a statement, that he is no longer infectious, has been received from his physician by the local health authority and a terminal examination has been made by this authority. Reports of infective school children to the health authority should be enclosed in a sealed envelope and should contain the following information:

   Name and address of the patient.
   Sex, color, age, diagnosis.
   Name of school attended.
   Name and address of physician.

RULE 11. PLACARDING:

The following premises may be placarded by or on order of the local health authority:

(a) Premises used for immoral purposes, when such premises are known to harbor a person afflicted with an infective venereal disease.

(b) Premises in which the person infected with a venereal disease cannot be isolated or controlled.

(c) Premises that have been placarded shall be regarded as under quarantine and such quarantined premises shall be subject to reasonable rules regarding its occupancy by persons other than the infected person. The disinfection of articles in the house shall be carried out to such extent as the local health authority may deem necessary.

Cases under treatment may be released from the provisions of this rule and other rules relating to quarantine, isolation and placarding at the discretion of the local health authority.

(d) Premises shall be placarded in the following manner: A red card of dimensions not less than 6 by 10 inches, bearing at least the inscription, "VENEREAL DISEASE", printed in black with bold face type not less than 1½ inches in height and "Keep Out", printed in black with bold face type not less than one inch in height, shall be affixed in a conspicuous place at each outside entrance of the building, house, or flat as the case may be.

Defacement or concealment of such placards or their removal by any person other than the local or state authorities is strictly prohibited. The local health authority shall remove the placard when the case or carrier has been removed or is cured or is no longer infectious.

RULE 12. CERTIFICATE OF FREEDOM FROM VENEREAL DISEASE:

No physician, local health authority or other person shall issue certificates of freedom from venereal diseases to any person known to be a prostitute or suspected of practicing prostitution.

RULE 13. REMOVAL FROM ONE HEALTH JURISDICTION TO ANOTHER:

No person, having a venereal disease in an infectious stage or liable to become so infected, shall move or be removed from one health jurisdiction to another without first securing permission to do so from the local health authority of the place from which removal is to be made or from the Illinois Department of Public Health. Such permission may be granted under the following conditions:

(a) That the object of the proposed removal shall be deemed by the issuing health officer as urgent and legitimate and not for the purpose of relieving one community of an undesirable burden at the expense of another.

(b) That removal will be made without endangering the health of others, either in transit or at destination.

(c) That patient agrees to report in person to the local health authority immediately upon arrival at destination or agrees to place himself under the care of a reputable physician (to be named in the removal permit) on arrival at destination, and attending physician assumes responsibility for fulfillment of this agreement and the address of patient or his new place of employment after removal shall be known and stated.

(d) That removal shall not be made within twenty-four hours after notice of removal has been forwarded by first-class mail to the health officer at proposed destination of the venereally infected person, which notice shall be made out and signed by the health authority granting permission for removal.

(e) If a patient fails to report to local health officer or to the physician named in the removal permit, then the local health officer shall make a determined effort to locate said patient at the new address or place of employment and compel him to place himself under treatment.

RULE 14. EXAMINATION OF INMATES OF JAILS, ETC.:

Any person committed to or confined in any jail, house of correction or other penal or correctional institution, detention hospital or any state, county or city charitable institution for a definite period of time, shall be given a thorough medical examination at the time of admission to determine the existence of any venereal disease. If a person is found to be infected with any venereal disease, he shall be removed promptly to quarters where proper treatment and control can be maintained and there held in quarantine for such time as is necessary to determine that quarantine may be terminated without endangering the health of other inmates or the health of the public in accordance with RULE 10.

A report of each case found shall be made by the superintendent or other administrator of the institution and by the attending physician to the local health authority within twenty-four hours after the facts are known. All institutions of the kind named shall keep proper records readily available in which are shown the dates, diagnosis, name, date of report, number of the case and the signature of the reporting person.

No superintendent or other administrative officer shall discharge any prisoner, who is suffering from a venereal disease or who is an infective carrier of a venereal disease, without first reporting to the State and local health authorities at the point of destination, the name and street address of such person, the disease and the date of intended discharge. Such person shall be referred to and shall report to the local health authority at the point of destination within three days after his discharge. If he does not report within this period of time, the local health authority shall notify the Illinois Department of Public Health.

RULE 15. GIVING FALSE INFORMATION:

It is a violation of these rules for any diseased person or for any physician, drugless healer, pharmacist, dentist, hospital superintendent, laboratory worker, attendant, nurse or other person of whom information is required by these rules, knowingly to give an incorrect name and address or to impart false information regarding a venereally infected person.

RULE 16. PROSTITUTION AS PERTAINS TO VENEREAL DISEASE CONTROL:

The repression of prostitution is hereby declared to be a legal and police measure. All local health officers shall give full support to the police department in its efforts to control prostitution.

VINCENT'S ANGINA AND OTHER INFECTIVE ANGINAS

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. This does not include carriers of *Spirochaetae* and *fusiform* organisms without clinical evidence. See pages 34, 35.
2. *Premises* need *not* be *placarded* nor *quarantined.*
3. *Case* shall be *excluded* from *schools* and other public gatherings and may be readmitted to school on a certificate of health from a physician and surgeon.
4. *Concurrent disinfection* is required. See pages 46-47.

WHOOPING COUGH

Control of Case:

1. *Reports:* Every case and suspected case shall be reported promptly to local and State health authorities. See pages 34, 35.
2. *Investigations:* Shall be investigated by local health authority to determine, if possible, source of infection and contacts and to confirm diagnosis in suspected cases. See pages 35, 36.
3. *Premises* shall be *placarded.* See pages 49-50.
4. *Case* shall be *excluded* from *school* and all *public gatherings* until termination of quarantine.
5. Shall be confined on placarded premises until three weeks after appearance of paroxysmal cough.
6. Prevention of pneumonia as a complication:
   (a) The patient shall be protected against all persons, who have acute coryza, coughs, sore throat or bronchitis or who otherwise give evidence of ability to infect the patient with pneumonia.
   (b) In multiple cases of whooping cough, the cases shall be isolated in such a way as to prevent the spread of secondary infection with pneumococci or streptococci.
   (c) Cases of whooping cough complicated with pneumonia shall be separated and isolated from cases not having such complications.

(d) The air of rooms, in which patients ill with whooping cough are treated, shall be kept at proper temperature and necessary humidity and ventilation maintained.

7. For *removal* of patient, see restrictions on pages 37, 38.
8. *Hospitalization* of cases in general hospitals, see pages 40-43.
9. *Concurrent* and *terminal disinfection* are *required.* See pages 46-48.
10. Conduct of *funeral,* see pages 51-56.

Control of Contacts in the Home:

1. Susceptible children living on the quarantined premises shall be quarantined on the same until termination of quarantine on the last case. Susceptible children of the family may be permitted the freedom of the private porch and yard, provided they do not come in contact with other children, otherwise they shall remain in the house.
2. Upon permission granted by local health authority, any child susceptible to whooping cough residing on the quarantined premises, who shows no suspicious symptoms of the disease, may be removed to other premises, where there are no children. Children so removed shall be quarantined as whooping cough contacts on the premises, to which removed, for 10 days.
3. Immune children, who continue to live on quarantined premises but do not come in contact with patient, need not be excluded from school. If official records are not available, physician may certify in writing or parents may make an affidavit that the child in question had whooping cough and was quarantined by the board of health for the period of time required by the rules of the Illinois Department of Public Health.
4. All non-immune children, living on quarantined premises, may return to school as soon as quarantine is terminated on the case, provided they do not show any clinical evidence of the disease.
5. Adult members of the family or household, including school teachers, may continue their usual vocations, provided they do not come in contact with patient or his secretions.

Control of Other Contacts:

1. Non-immune children, who do not live on quarantined premises but who have been in close and long continued contact with a case, shall be excluded from school for ten days after date of last exposure and shall be quarantined as whooping cough contacts.

General Measures:

1. Advise parents to guard patient against danger of secondary pneumonia when whooping cough is prevalent and to keep all children under two years at home and away from any association with other children.

2. Pertussis vaccine, if given in large doses early enough or before exposures, will aid greatly in preventing cases of whooping cough.
3. When whooping cough is epidemic, there shall be daily inspection of all children in school.

YELLOW FEVER

Control of Case:

1. Every case and suspected case shall be reported promptly to the local health authorities and on receipt of such a report, the local health authorities shall immediately notify the Illinois Department of Public Health and the Department will send a representative to confirm diagnosis and to instruct the local health authorities in administrative control.

QUARANTINE IN LODGING HOUSES, BOARDING HOUSES, TAVERNS, INNS OR HOTELS

(a) **Hotels:** In diphtheria, scarlet fever, poliomyelitis and meningitis (cerebrospinal fever meningococcus), where the isolated quarters of the patient and attendant are supplied with private bath and toilet facilities, the placard shall be placed on outside of door leading to the isolated quarters. All doors communicating with other rooms, except door on which placard is placed, shall be sealed on side nearest the patient.

Where such cases in a public hotel cannot be provided with private toilet facilities and with a trained attendant, the patient shall be sent to a hospital.

In apartment or family hotels, the general rules for the quarantine of communicable disease patients shall be in force.

In the quarantine of minor communicable diseases in public hotels, and in the quarantine of both major and minor communicable diseases in family or apartment hotels, it is permissible to avoid placing a placard on the door leading from the hall or corridor, provided, that instead, the placard be placed on an inner door leading from the front room of the flat or suite and all other inner doors leading from the front room be locked and sealed and the front room of the flat or suite be left unoccupied.

(b) **Boarding Houses and Rooming Houses:** If necessary for proper isolation, the local health authority at its discretion may enforce the hospitalization of all major communicable diseases.

Placards shall be placed on all outside entrances, except where the quarters occupied by the patient's family are provided with private bath and toilet, private cooking facilities, and can be completely sealed off from the remainder of the premises, and also are provided with one or more outside entrances.

(c) The local health authority or his duly authorized representative shall inspect the quarantined premises at least twice a week to ascertain if the rules and regulations relative to isolation of case are being observed.

All provisions of previous rules and regulations for the control of communicable diseases in conflict with the foregoing rules and regulations are hereby annulled.

These rules shall be in force and effect on and after October 1, 1941.

By order of the

DEPARTMENT OF PUBLIC HEALTH OF THE STATE OF ILLINOIS

Roland R. Cross M.D.

Director

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